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Management  
Consultants

#1

**ATKEARNEY**

August 26, 1994

Ms. Rowena Sheffield  
Regional Project Officer  
Environmental Protection Agency  
Region IV  
345 Courtland Avenue, NE  
Atlanta, Georgia 30365

Reference: EPA Contract No. 68-W9-0040; Work Assignment No. R04001; Olin Doe  
Run Facility; Brandenburg, Kentucky; EPA I.D. No. KYD006396246;  
RCRA Facility Assessment; NCAPS and CASQ

Dear Ms. Sheffield:

Enclosed please find the updated National Corrective Action Priority Ranking System (NCAPS) Scoring Summary and the updated Corrective Action Stabilization Questionnaire (CASQ) for the above-referenced facility. These deliverables were completed in accordance with the statement of work for the RCRA Facility Assessment for the Olin Doe Run facility submitted on August 26, 1994.

Per EPA's request, this deliverable has been double-sided and reproduced on recycled paper. Please feel free to contact me or Bill Harber, the A.T. Kearney Work Assignment Manager, at (404) 393-9900, should you have any questions.

Sincerely,



Molly O'Neill  
Regional Manager

MON/cbc  
Enclosure

cc: Rick Gillam, EPA Region IV  
W. Jordan (Central Files)  
S. Forehand (Working Files)

L. Poe  
W. Harber  
C. Cosby

422254

# CORRECTIVE ACTION STABILIZATION QUESTIONNAIRE

Completed by: Bill Harber, A.T. Kearney  
Date: August 26, 1994  
Facility Name: Olin Doe Run Facility  
EPA Identification No.: KYD006396246  
Location (City, State): Brandenburg, Kentucky  
Facility Priority Rank: HIGH

1. Is this checklist being completed for one solid waste management unit (SWMU), several SWMUs, or the entire facility?

## ENTIRE FACILITY.

### **Status of Corrective Action Activities at the Facility**

2. What is the current status of HSWA corrective action activities at the facility?

- ( ) No corrective action activities initiated  
(X) RCRA Facility Assessment (RFA) or equivalent completed  
( ) RCRA Facility Investigation (RFI) completed  
( ) Corrective Measures Study (CMS) completed  
( ) Corrective Measures Implementation (CMI) begun or completed  
(X) Interim Measures begun or completed

### VOLUNTARY INTERIM MEASURES BEGUN.

3. If corrective action activities have been initiated, are they being carried out under a permit or an enforcement order?

- ( ) Operating permit  
( ) Post-closure permit  
( ) Enforcement order  
(X) Other

### VOLUNTARY GROUND-WATER REMEDIATION PROGRAM.

4. Have interim measures, if required or completed [see Question 2], been successful in preventing the further spread of contamination at the facility?

- ( ) Yes  
( ) No  
(X) Uncertain; still underway

### A GROUND-WATER REMEDIATION STATUS REPORT WAS SUBMITTED BY OLIN TO U.S. EPA IN JULY 1994.

### **CONTINUE TO QUESTION 5 ONLY IF THE FOLLOWING CONDITIONS ARE MET:**

- The facility ranks "High" on the National Corrective Action Prioritization System; AND
- Interim Measures have not been initiated, or if initiated, have not been successful in preventing the further spread of contamination at the facility.

### **Facility Releases and Exposure Concerns**

5. To what media have contaminant releases from the facility occurred or been suspected of occurring?

- (X) Ground water  
(X) Surface water  
(X) Air  
(X) Soils



6. Are contaminant releases migrating off-site?
- ☐ Yes; indicate media, concentrations, and level of certainty.

A GROUND-WATER REMEDIATION STATUS REPORT WAS SUBMITTED BY OLIN TO U.S. EPA IN JULY 1994.

- ☐ No  
☒ Uncertain

- 7a. Are humans currently being exposed to contaminants released from the facility?
- ☐ Yes  
☐ No  
☒ Uncertain

THE FACILITY MAINTAINS THAT GROUND-WATER CONTAMINATION HAS BEEN CONTAINED.

- 7b. Is there a potential for human exposure to the contaminants released from the facility over the next five to 10 years?

- ☐ Yes  
☐ No  
☒ Uncertain

- 8a. Are environmental receptors currently being exposed to contaminants released from the facility?

- ☐ Yes  
☐ No  
☒ Uncertain

- 8b. Is there a potential that environmental receptors could be exposed to the contaminants released from the facility over the next five to 10 years?

- ☐ Yes  
☐ No  
☒ Uncertain

**Anticipated Final Corrective Measures**

9. If already identify or planned, would final corrective measures be able to be implemented in time to adequately address any existing or short-term threat to human health and the environment?

- ☐ Yes  
☐ No  
☒ Uncertain

Additional explanatory notes:

NO FINAL CORRECTIVE MEASURES IDENTIFIED AT THIS TIME.

10. Could a stabilization initiative at this facility reduce the present or near-term (e.g., less than two years) risks to human health and the environment?

- ☐ Yes  
☐ No  
☒ Uncertain

Additional explanatory notes:

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11. If a stabilization activity were not begun, would the threat to human health and the environment significantly increase before final corrective measures could be implemented?

- ☐ Yes  
☒ No  
☐ Uncertain

Additional explanatory notes:

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### Technical Ability to Implement Stabilization Activities

12. In what phase does the contaminant exist under ambient site conditions?

- ☐ Solid  
☐ Light non-aqueous phase liquids (LNAPLs)  
☒ Dense non-aqueous phase liquids (DNAPLs)  
☒ Dissolved in ground water or surface water  
☐ Gaseous  
☐ Other \_\_\_\_\_

13. Are one or more of the following major chemical groupings of concern at the facility?

- ☐ Volatile organic compounds  
☐ (VOCs) and/or semi-volatiles  
☐ Polynuclear aromatics (PAHs)  
☐ Pesticides  
☐ Polychlorinated biphenyls (PCBs) and/or dioxins  
☒ Other organics  
☐ Inorganics and metals  
☐ Explosives  
☐ Other \_\_\_\_\_

14. Are appropriate stabilization technologies available to prevent the further spread of contamination, based on contaminant characteristics and the facility's environmental setting? [See Attachment A for a listing of potential stabilization technologies.]

- ☒ Yes; indicate possible course of action.

SOURCE REMOVAL: REMOVAL OF KNOWN CONTAMINATED SOILS AND SOILS FOUND TO BE CONTAMINATED THROUGH CONFIRMATORY SAMPLING.

- ☐ No; indicate why stabilization technologies are not appropriate; then go to Question 19.

15. Has the RFI, or another environmental investigation, provided the site characterization and waste release data needed to design and implement a stabilization activity?

- ☐ Yes  
☒ No

If no, can these data be obtained faster than the data needed to implement the final corrective measures?

- ☒ Yes  
☐ No

### Timing and Other Procedural Issues Associated with Stabilization

16. Can stabilization activities be implemented more quickly than the final corrective measures?

- ☐ Yes  
☐ No  
☒ Uncertain

Additional explanatory notes:

FINAL CORRECTIVE MEASURES HAVE NOT BEEN DETERMINED. RESULTS OF CONFIRMATORY SAMPLING AND RFI MAY IDENTIFY AREAS OF CONTAMINATION AND DETERMINE APPROPRIATE STABILIZATION ACTIVITIES.

17. Can stabilization activities be incorporated into the final corrective measures at some point in the future?

- ☐ Yes  
☐ No  
☒ Uncertain

Additional explanatory notes:

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## Conclusion

18. Is this facility an appropriate candidate for stabilization activities?

- (X) Yes
- ( ) No, not feasible
- ( ) No, not required

Explain final decision, using additional sheets if necessary.

THE OLIN DOE RUN FACILITY'S  
HAZARDOUS WASTE PERMIT EXPIRES  
ON FEBRUARY 15, 1996. THERE IS  
DOCUMENTED SOIL CONTAMINATION  
ON-SITE. ADDITIONAL CONFIRMATORY  
SAMPLING MAY INDICATE OTHER  
CONTAMINATED AREAS. REMOVAL OF  
KNOWN CONTAMINATED SOILS MAY  
STOP OR DECREASE FURTHER  
CONTAMINATION OF GROUND WATER.





# **ENFORCEMENT**

## **CONFIDENTIAL**

### **RCRA PRIORITIZATION SYSTEM SCORING SUMMARY**

**FOR**

**OLIN DOE RUN FACILITY**

**EPA I.D. NUMBER: KYD006396246**

**SCORED BY: BILL HARBER**

**OF A.T. KEARNEY**

**ON AUGUST 26, 1994**

**GROUND-WATER ROUTE SCORE: 88.46**

**SURFACE WATER ROUTE SCORE: 65.16**

**AIR ROUTE SCORE: 40.78**

**ON-SITE SCORE: 17.86**

**MIGRATION SCORE: 59.27**

# WS-1 GROUND-WATER ROUTE

A. Is there an observed release? Yes (45) No (0) Possible (10) A.T. KEARNEY  
RFA AUGUST 26, 1994  
SECTIONS II, III

B. Route Characteristics

1b. Depth to Aquifer (ft.) 0-20 (6) 21-75 (4) 76-150 (2) 150+ (0) RFA SECTION II

2b. Net Precipitation (in.) <-10 (0) -10 to +5 (2) +5 to +15 (4) >15 (6) RFA NCAPS GUIDELINES

3b. Physical State Stable Solid (0) Unstable Solid (1) Powder, Ash (2) Liquid, Gas Sludge (3) RFA SECTIONS II, III

C. Containment Very Good (0) Good (1) Fair (2) Poor (3) NCAPS GUIDELINES

D. Waste Characteristics

1d. Chemical name or waste code number DCEE, DCIFE, BIS 2-CHLOROETHYL ETHER ~~(Name or Number)~~

2d. Toxicity/Persistence Value 0 (0) 3 (3) 6 (6) 9 (9) 12 (12) 15 (15) 18 (18) NCAPS HAZARDOUS WASTE QUANTITY GUIDELINES

3d. Quantity known? Yes No  
Yes? Enter amount: Cu. yds. or tons (\*)  
Drums (\*) (+4 = cu. yds.)

Total ~~(add above)~~

No? Is amount likely to be small? Yes (1) No  
Is amount likely to be large? Yes (4) No  
Are large storage or disposal areas present? Yes (8) No RFA SECTIONS II, III  
(Only one yes allowed)

E. Targets

1e. Groundwater use: Drinking water? Yes (5) No  
Possible drinking water? Yes (4) No  
Agriculture or industrial? Yes (3) No  
Quality impacted? Yes (2) No  
Quality not impacted? Yes (0)\* No RFA SECTION II

2e. Distance to intake (miles) <1/2 (4) 1/2 to 1 (3) 1 to 2 (2) 2 to 3 (1) >3 (0)

NOTE: \* Cannot be used if A = 45

RFA SECTION II



# **CALCULATE GROUND-WATER SCORE ( $S_{gw}$ )**

✓ If  $A = 45$ , then  $S_{gw}$  equals:  $\frac{45 \times 15 \times 8 \times 5^2 \times 4^2}{479.7} = S_{gw}^{(a)} = 88.46$

✗ If  $A = 0$  or  $10$ , then  $S_{gw}$  equals:

$$[(1b + 2b + 3b) \times C] + A = Q \quad \text{if } Q > 45, \text{ then } Q = 45$$

$$[Q \times (2d + 3d) \times (1e^2 + 2e^2)] / 479.7 = S_{gw}$$

✗ To calculate  $3d$ :

<u>If Total Equals</u>	<u>Then <math>3d</math> Equals</u>
1 to 10 cu. yds.	1
11 to 62 cu. yds.	2
63 to 125 cu. yds.	3
126 to 250 cu. yds.	4
251 to 625 cu. yds.	5
626 to 1,250 cu. yds.	6
1,251 to 2,500 cu. yds.	7
2,500 or more cu. yds.	8

✗ If  $1e$  or  $2e$  equals zero, then  $(1e^2 + 2e^2) = \text{zero}$

✓ If  $A = 45$ , then go to D and E

✗ If  $A = 0$  or  $10$ , then go to B, C, D, and E

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**NOTE:** (a) The value 479.7 standardizes the ground-water route score to a value between 0 and 100.

## WS-2 SURFACE WATER ROUTE

### A. Releases

- 1a. Is there an observed release? Yes (45) No (0) RFA SECTION II
- 2a. Is there a permitted outfall? Yes (5) No (0) RFA SECTIONS II, III
- 3a. Have there been permit violations? Yes (5) No (0) RFA SECTION II

### B. Route Characteristics

- 1b. Facility Location Flood-Prone Area (3) 100-Year Flood Plain (2) Other (1) RFA SECTION II
- 2b. 24-hour Rainfall (in.) < 1.0 (0) 1.0 to 2.0 (1) 2.1 to 3.0 (2) > 3.0 (3) NCAPS GUIDELINES
- 3b. Distance to surface water (miles) < 1/4 (6) 1/4 to 1 (4) 1 to 2 (2) > 2 (0) RFA SECTION II
- 4b. Physical State Stable Solid (0) Unstable Solid (1) Powder, Ash (2) Liquid, Gas, Sludge (3) RFA SECTIONS II, III

### C. Containment

- Very Good (0) Good (1) Fair (2) Poor (3) NCAPS GUIDELINES

### D. Waste Characteristics

- 1d. Chemical name or waste code number DCEE, DCIPE, BIS 2-CHLOROETHYL ETHER  
(Name or Number)
- 2d. Toxicity/Persistence Value 0 (0) 3 (3) 6 (6) 9 (9) 12 (12) 15 (15) 18 (18) HAZ WS QUANTITY GUIDE
- 3d. Quantity known? Yes No  
Yes? Enter amount: Cu. yds. or tons (#)  
 Drums (#) (+4 = cu. yds.)
- Total (add above)
- No? Is amount likely to be small? Yes (1) No RFA  
 Is amount likely to be large? Yes (4) No SECTIONS  
 Are large storage or disposal areas present? Yes (8) No II, III  
 (Only one yes allowed)

## WS-2 SURFACE WATER ROUTE - Continued

### E. Targets

1e.	Surface Water use: Drinking water?	Yes (5)	No		
	Possible drinking water?	Yes (4)	No		
	Recreation?	<u>Yes (4)</u>	No	RFA	
	Agriculture or industrial?	Yes (3)	No	SECTION II	
	Quality impacted?	Yes (2)	No		
	Quality not impacted but within 3 miles?	Yes (1)*	No		
	None within 3 miles?	Yes (0)*	No		
		(only one yes allowed)			
2e.	Distance to intake or contact point (miles)	<u>&lt; 1/2</u> (4)	<u>1/2 to 1</u> (3)	<u>1 to 2</u> (2)	<u>2 to 3</u> (1)
					<u>&gt; 3</u> (0)
					RFA
3e.	Distance to sensitive environment (miles)	<u>&lt; 1/2</u> (6)	<u>1/2 to 1</u> (4)	<u>1 to 2</u> (2)	<u>&gt; 3</u> (0)
					RFA
					SECTION II
					SECTION II

**NOTE:** \* Cannot be used if A = 45



## CALCULATE SURFACE WATER SCORE ( $S_{sw}$ )

✗ If  $1a = 45$ , then  $S_{sw}$  equals:  $[1a \times (2d + 3d) \times (1e^2 + 2e^2 + 3e)]/549.9 = S_{sw}^{(a)}$

✓ If  $1a = 0$ , then  $S_{sw}$  equals:

✓ 
$$\begin{array}{ccccccc} 1 & 2 & 6 & 3 & 3 & 5 & 0 \\ [(1b + 2b + 3b + 4b) \times C] + (2a + 3a) = Q & \text{if } Q > 45, \text{ then } Q = 45 & Q = 41 \end{array}$$

$$\begin{array}{ccccccc} & & & & & & \\ Q & \times & (2d + 3d) & \times & (1e^2 + 2e^2 + 3e) & / & 549.9 = S_{sw} = 65.16 \\ 41 & 15 & 8 & 4^2 & 4^2 & 6 & \end{array}$$

To calculate 3d:

✗ If Total Equals

Then 3d Equals

1 to 10 cu. yds.	1
11 to 62 cu. yds.	2
63 to 125 cu. yds.	3
126 to 250 cu. yds.	4
251 to 625 cu. yds.	5
626 to 1,250 cu. yds.	6
1,251 to 2,500 cu. yds.	7
2,500 or more cu. yds.	8

✗ If  $1e$  or  $2e$  equals zero, then  $(1e^2 + 2e^2) = \text{zero}$

✗ If  $A = 45$ , then go to D and E

✓ If  $A = 0$  or  $10$ , then go to B, C, D, and E

**NOTE:** (a) The value of 549.9 standardizes the surface water route score to a value between 0 and 100.

# WS-3 AIR ROUTE

## A. Releases

- 1a. Is there an observed, unpermitted, ongoing release? Yes (45) No (0) RFA SECTION II
- 2a. Does the facility have an air operating permit? Yes (5) No (0) RFA SECTION II
- 3a. Have there been any permit violations or odor complaints by residents? Yes (10) No (0) RFA SECTION II
- 4a. Can contaminants migrate into air? Yes (3) No (0) RFA SECTIONS II, III
- 5a. Containment Very Good (0) Good (1) Fair (2) Poor (3) NCAPS GUIDE

## B. Waste Characteristics

- 1b. Chemical name or waste code number DCEE, DCIFE, BIS 2-CHLOROETHYL ETHER (Name or Number)
- 2b. Toxicity 0 (0) 1 (3) 2 (6) 3 (9) HAZ WASTE QUANTITY GUIDE
- 3b. Quantity known? Yes No (0)  
Yes? Enter amount: Cu. yds. or tons (#)  
 Drums (#) (+4 = cu. yds.)  
 Total (add above)

- No? Is amount likely to be small? Yes (1) No RFA  
 Is amount likely to be large? Yes (4) No SECTIONS  
 Are large storage or disposal areas present? Yes (8) No II, III  
 (Only one yes allowed)

## C. Targets

- 1c. Population
- Are residents located within four miles? Yes (25) No RFA  
 Are other industries located within four miles? Yes (20) No SECTION II  
 Are agricultural lands located within four miles? Yes (15) No  
 Any other situation? Yes (10) No  
 (Only one yes allowed)
- 2c. Distance to sensitive environments (miles) < 1/2 (6) 1/2 to 1 (4) 1 to 2 (2) > 2 (0) RFA SECTION II

## CALCULATE AIR SCORE ( $S_a$ )

✖ If  $1a = 45$ , then  $A = 45$

✓ If  $1a = 0$ , then  $A = \overset{5}{(2a)} + \overset{10}{3a} + \overset{3}{(4a)} \times \overset{3}{5a} = 24$

✓  $S_a$  equals:  $\underset{24}{A} \times \underset{9}{(2b)} + \underset{4}{3b} \times \underset{25}{(1c)} + \underset{6}{2c} / 237.15 = S_a^{(a)} = 40.78$

✖ To calculate 3b:

If Total Equals

Then 3b Equals

1 to 10 cu. yds.	1
11 to 62 cu. yds.	2
63 to 125 cu. yds.	3
126 to 250 cu. yds.	4
251 to 625 cu. yds.	5
626 to 1,250 cu. yds.	6
1,251 to 2,500 cu. yds.	7
2,500 or more cu. yds.	8

**NOTE:** (a) The value 237.15 standardizes the air route score to a value between 0 and 100.



## WS-4 ON-SITE CONTAMINATION

- A. Access to site Inaccessible Limited Access Unlimited Access NCAPS GUIDE  
(0) (2) (4)
- B. Is there observed surface soil contamination? Yes No RFA SECTIONS II, III  
(25) (0)
- C. Containment Very Good Good Fair Poor NCAPS GUIDE  
(1) (2) (3) (4)
- D. Waste Characteristics  
DCEE, DCIPE, BIS 2-CHLOROETHYL ETHER  
AROMATIC DISTILLATE (BENZENE)  
Chemical name or waste code number (Name or Number)
- Toxicity/Persistence Value 0 1 2 3 HAZ WASTE QUANTITY GUIDE  
(0) (1) (2) (3)
- E. Targets
- 1e. Distance to residential areas < 1/4 1/4 to 1/2 1/2 to 1 > 1 RFA  
(miles) (6) (4) (2) (0) SECTION II
- 2e. Is there an on-site sensitive environment? Yes No  
(1) (0) RFA SECTION II

### CALCULATE ON-SITE SCORE ( $S_o$ )

✓ If A = 0, then  $S_0 = [B \times D \times (1e + 2e)]/21 = 17.86$

✗ If  $A \neq 0$ , then  $S_o = [A \times (B + C) \times D \times (1e + 2e)]/21^{(a)}$

~~x~~ If  $B + C > 25$ , then  $B + C = 25$

**NOTE:** (a) The value 21 standardizes the on-site route score to a value between 0 and 100.

### CALCULATE TOTAL SITE MIGRATION SCORE ( $S_m$ )

Total site score equals:

$$S_m = \frac{\sqrt{S_{gw}^2 + S_{sw}^2 + S_a^2 + S_o^2}}{2^{(a)}} = \frac{\sqrt{88.46^2 + 65.16^2 + 40.78^2 + 17.86^2}}{2} = 59.27$$

**NOTE:** (a) The value 2 standardizes the site migration score to a value between 0 and 100.

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CHARLOTTE E. BALDWIN  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FORT BOONE PLAZA  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

Received  
8-6-85  
EPA

MEMORANDUM

TO: Barry Burrus, Chief  
Uncontrolled Site Section

THRU: Robert L. Prewitt, Environmental Program Coordinator  
Uncontrolled Site Section

FROM: Keith Burch, Environmental Specialist  
Uncontrolled Site Section

DATE: July 30, 1985

SUBJECT: Preliminary Assessment Report for Olin Chemical Site - Meade County  
EPA I.D.# KYD006396246

This site is located in Meade County, east of Brandenburg, and is bordered by the Ohio River. Olin Corporation owns the Doe Run Plant which produces Glycols, Gycol Ethers, and Polyalkaline Glycols from natural gas liquids. The plant has operated since 1951 and is currently in operation. The disposal of by products and wastes varies in type according to the nature of materials in question. There are a number of landfills on site, as well as an incinerator and a wastewater treatment facility. These operations appear to be in good shape according to the field inspection reports.

The main area of concern with this site is groundwater contamination. Dichloroisopropyl ether (DCIPE) and Dichloroethyl ether (DCEE) have been contaminating Ranney wells on the Olin site for over ten years. The source of this contamination is not clearly pinpointed in the files but appears to be from past practices of the Doe Run Plant. During certain periods of water shortage, Olin uses these wells as a source for cooling water. This water is discharged into the wastewater treatment facility after use and the treated release then goes into Doe Run Creek and the Ohio River. The effluent is monitored for DCIPE and DCEE long term average levels, which according to Olin data, are below water quality standard.

The City of Brandenburg is within one mile of Olin's Doe Run Plant property, and their public water supply comes from two deep wells. In 1974, contamination was found in Brandenburg's public water supply that was similar to substances produced at the Olin plant. Apparently, the Bis ether contamination did not warrant emergency action, but in an earlier 1974 meeting with EPA, Olin agreed to reduce their discharge of Bis ethers.



Olin Chemical Site  
Page 2  
July 30, 1985

The site currently has a number of groundwater monitoring wells, and the Olin Corporation maintains their own data on well checks. Since groundwater monitoring for this property is ongoing, and RCRA groundwater monitoring will begin in the near future, I am recommending a low priority for inspection of this site dependent upon ongoing RCRA activities.

KB/tlj

c: Landon Garrett  
Liz Gillespie  
[REDACTED]  
File





POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
KY 0006396246

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)

Olin Chemical

02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER

P.O. Box 547

03 CITY

BRANDENBURG

04 STATE

05 ZIP CODE

06 COUNTY

07 COUNTY CODE

08 CONG DIST

KY

40108

MEADE

163

02

09 COORDINATES LATITUDE

38°00'18"

LONGITUDE

086°07'37"

10 DIRECTIONS TO SITE (Starting from nearest public road)

Take hwy 1638 into Meade County, northwest for ~ 8.5 miles, turn right on Bethel Valley Ch. Rd, then a left onto Weldon Church Road, travel for 2 miles to (933). Olin is right in this area.

III. RESPONSIBLE PARTIES

01 OWNER (If known)

Olin Corporation

02 STREET (Business, mailing, residential)

120 Long Ridge Road

03 CITY

Stamford

04 STATE

05 ZIP CODE

06 TELEPHONE NUMBER

CL

06904

( )

07 OPERATOR (If known and different from owner)

Olin Corporation

08 STREET (Business, mailing, residential)

P.O. Box 547

09 CITY

Brandenburg

10 STATE

11 ZIP CODE

12 TELEPHONE NUMBER

KY

40108

(502) 422-2101

R.W. Hyland

13 TYPE OF OWNERSHIP (Check one)

☒ A. PRIVATE ☐ B. FEDERAL

(Agency name)

☐ C. STATE

☐ D. COUNTY

☐ E. MUNICIPAL

☐ F. OTHER:

(Specify)

☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED: MONTH DAY YEAR

☐ B. UNCONTROLLED WASTE SITE (RCRA 103 c) DATE RECEIVED: MONTH DAY YEAR

☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION

☒ YES

DATE

12/11/84

☐ NO

BY (Check all that apply)

☐ A. EPA

☐ B. EPA CONTRACTOR

☒ C. STATE

☐ D. OTHER CONTRACTOR

☐ E. LOCAL HEALTH OFFICIAL

☐ F. OTHER:

(Specify)

CONTRACTOR NAME(S):

02 SITE STATUS (Check one)

☒ A. ACTIVE

☐ B. INACTIVE

☐ C. UNKNOWN

03 YEARS OF OPERATION

1951

to date

☐ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Dichloroisopropyl ether, dichloroethyl ether  
(Bis(2-chloroisopropyl) ether)

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

Contamination is recorded in city of Brandenburg's public water supply (deepwell) in 1974, on site Ranney wells at Olin, #s 1, 2, & 3 have showed varying degrees of contamination. The site's close proximity to the Ohio River gives rise to surface water contamination potential here as well as Doe Run Creek & Doe Valley Lake

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☐ A. HIGH

(Inspection required promptly)

☐ B. MEDIUM

(Inspection required)

☒ C. LOW

(Inspect on time available basis)

☐ D. NONE

(No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT

Landon Garrett

02 OF (Agency/Organization)

KYNREPC/Div. of Waste Mgt. Columbia F.O.

03 TELEPHONE NUMBER

(502) 384-4735

04 PERSON RESPONSIBLE FOR ASSESSMENT

Keith Burch

05 AGENCY

KYNREPC

06 ORGANIZATION

Div. Waste Mgt.

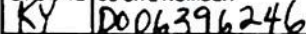
07 TELEPHONE NUMBER

(502) 564-6716

08 DATE

7/23/85





## EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

KY D006396246

K. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: ~1830

02 ☒ OBSERVED (DATE: 4/4/74)

04 NARRATIVE DESCRIPTION: 3/30/72

☐ POTENTIAL

☒ ALLEGED

In a memo enclosed in documentation package, it was stated that the City of Brandenburg's water supply (2 deep wells) showed concentrations of contaminants similar to materials produced by Olin Corp. On site wells at Olin have shown contamination for at least the last ten years.

01 ☒ B SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Doe Run Creek, Doe Valley Lake, and the Ohio River are all very close to the Olin operation. It appears the wastewater treatment facility is sophisticated & efficient, but since contamination is in the wells, potential for contamination exists.

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_ (Acres)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☒ G DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: ~1830

02 ☐ OBSERVED (DATE: 4/4/74)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

As mentioned above, contamination of City of Brandenburg's drinking & public water supply was referenced in the enclosed memo.

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED





POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
KY 0006396246

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

01 ☐ K. DAMAGE TO FAUNA 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION (include name(s) of species)

01 ☐ L. CONTAMINATION OF FOOD CHAIN 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
(Spills/runoff/standing liquids/leaking drums)  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: ~ 1830

IV. COMMENTS

There are a number of monitoring wells on the Olin property, and the Division of Water as well as Olin Corp. are monitoring groundwater on site.

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Landon Garrett - Field Inspector RWM  
KYNREPC Files - (Division of Water)  
KYNREPC Files - (Division of Waste Management)

THOMAS O. HARRIS  
Commissioner



HAROLD T. SNODGRASS  
Director

COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION  
DIVISION OF WATER  
FRANKFORT, KENTUCKY 40601  
Telephone (502) 564-3410

M E M O R A N D U M

April 4, 1974

TO: Herman D. Regan, Jr.  
Commissioner  
Bureau of Environmental Quality

FROM: Harold T. Snodgrass *HTS*  
Director  
Division of Water

SUBJECT: Olin, Inc.

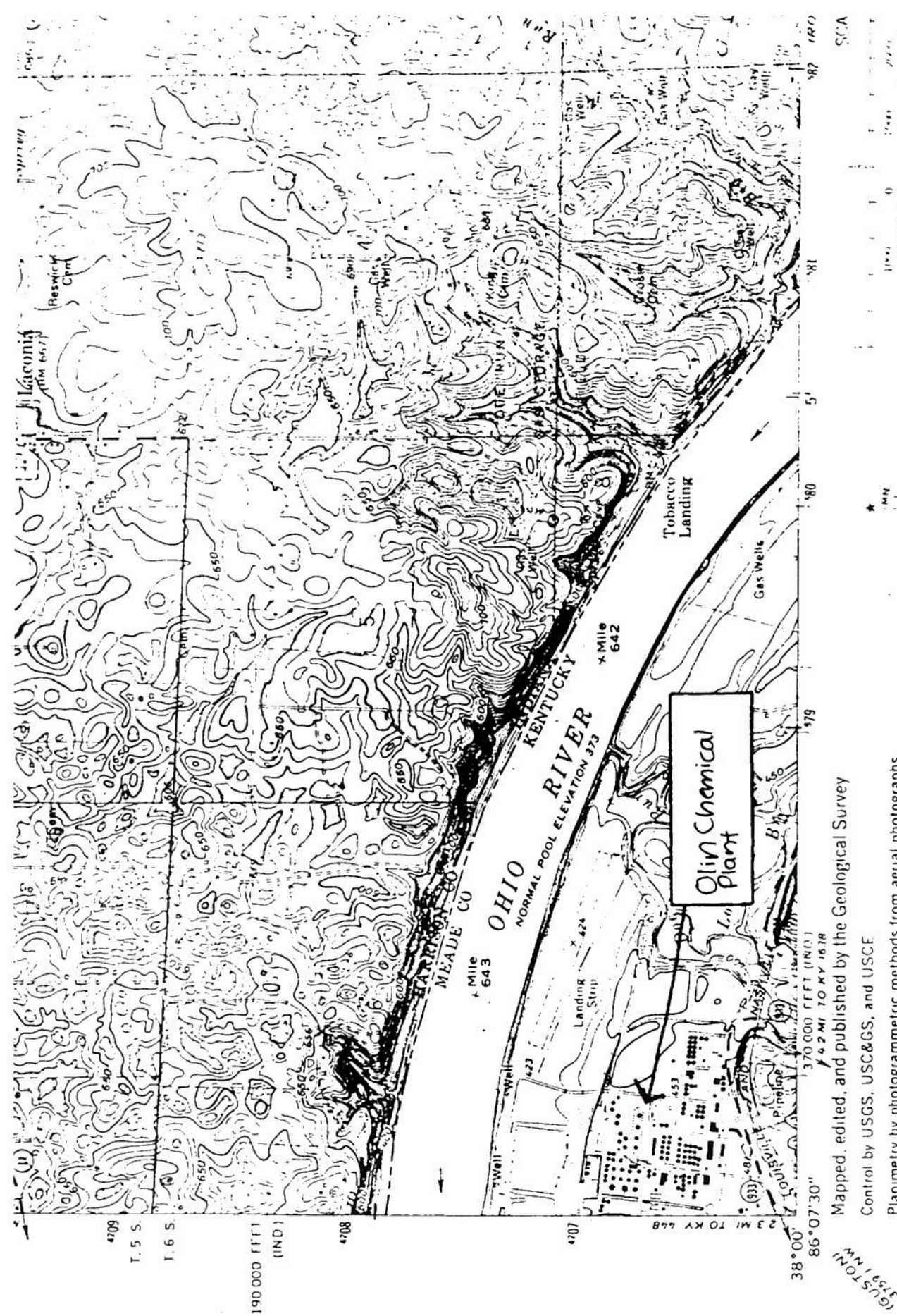
In a conversation with Mr. Nick G. Johnson, Director, Sanitary Engineering, Department for Human Resources, I was informed that the wells serving as the public water supplies for the City of Brandenburg have shown concentrations of contaminate similar to the material from Olin Corporation.

The wells were to be resampled on April 4, 1974; but due to the tornado, it has been postponed for a short period of time.

If the material from Olin has contaminated the underground waters, we should seriously consider issuing an emergency order to prevent all further discharges from Olin.

HTS:sf





THIS MAP COMPLIES WITH THE  
 FOR SALE BY U. S. GEOLOGICAL  
 INDIANA DEPARTMENT OF NATURAL  
 KENTUCKY GEOLOGICAL SURVEY  
 AND KENTUCKY DEPARTMENT OF  
 A FOLDER DESCRIBING TOPOGRAPHIC

UTM GRID AND U.S.C. MAPS IN PUBLISHED  
DECLARATION OF VALUE IS CORRECT

10 MILES  
0.25° N 27 MILES  
145°

Mapped, edited, and published by the Geological Survey

Control by USGS, USC&amp;GS, and USCF

Planimetry by photogrammetric methods from aerial photographs

taken 1940, 1944, and 1946

Topography in Indiana by planetable surveys 1948

Topography in Kentucky by Army Map Service 1946

Field checked 1948. Revised 1966

Polyconic projection. 1927 North American datum

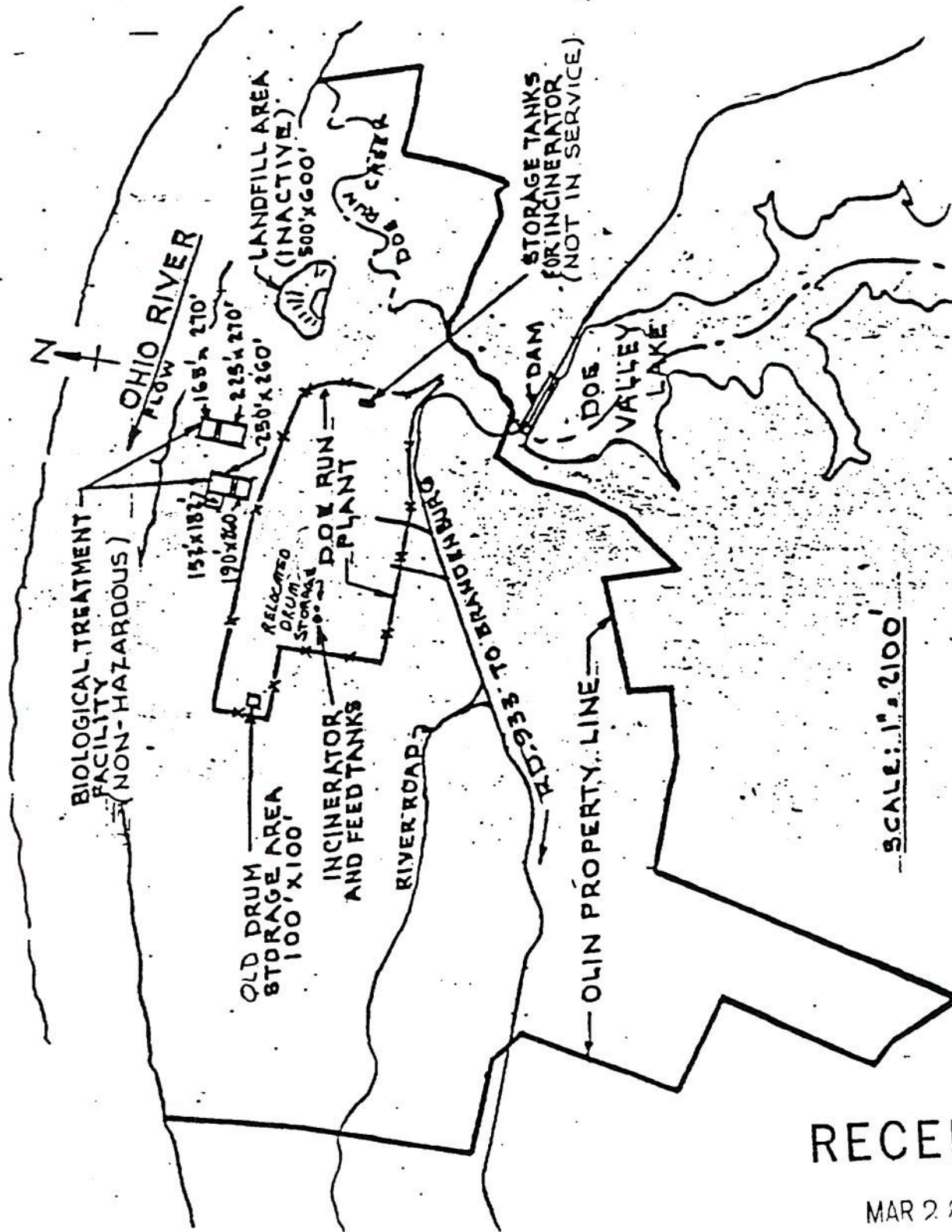
10,000 foot grids based on Indiana coordinate system, east zone.

and Kentucky coordinate system, south zone

1000-meter Universal Transverse Mercator grid ticks, zone 16, shown in blue

Fine red dashed lines indicate selected fence and field lines where generally visible on aerial photographs. This information is unchecked





SCALE: 1" = 2100'

RECEIVED

MAR 28 1983

DIVISION OF  
WASTE MANAGEMENT

# HAZARDOUS WASTE REPORT

FOR THE PERIOD BEGINNING 1-1-83 AND ENDING 12-31-83

## GENERAL INFORMATION

EPA ID NUMBER KYD006396246

INSTALLATION NAME: Olin Corporation

INSTALLATION MAILING ADDRESS: P. O. Box 547

Brandenburg, Kentucky 40108

INSTALLATION LOCATION: Highway 933

COUNTY: Meade

CONTACT PERSON: W. E. Murphy

TELEPHONE: (502) 422-2101

TYPE OF ACTIVITY: ☐ GENERATION ☐ RECYCLING ☐ TREATMENT ☒ STORAGE ☐ DISPOSAL  
☐ UNDERGROUND INJECTION

TYPE OF REPORT: ☒ ANNUAL ☐ QUARTERLY ☐ UNMANIFESTED WASTE

NUMBER OF: SUMMARY SHEETS ATTACHED 1 WASTES REPORTED 6

## TRANSPORTATION SERVICES USED

EPA ID NUMBER

COMPANY NAME

RECEIVED

MAY 04 1984

DIVISION OF

WASTE MANAGEMENT

## COMMENTS

The only hazardous waste that is normally stored at Olin's Doe Run Plant is various waste materials that are thermally destroyed by incineration. These materials are generated both on and off site. All waste generated off-site is from other Olin locations.

## FOR TREATMENT, STORAGE AND DISPOSAL FACILITIES ONLY

COST ESTIMATE FOR: CLOSURE \$27,000

POST CLOSURE \$

CERTIFICATION: I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

D. J. Waters/Plant Manager

PRINT OR TYPE NAME

SIGNATURE

DATE SIGNED



KENTUCKY DIVISION OF WASTE MANAGEMENT

# HAZARDOUS WASTE INFORMATION SUMMARY

## GENERAL INFORMATION

INSTALLATION NAME: Olin Corporation EPA ID NUMBER: KYD006396246

TYPE OF ACTIVITY: ☐ GENERATOR ☐ RECYCLING ☐ TREATMENT ☒ STORAGE ☐ DISPOSAL

TYPE OF FILING: ☒ ANNUAL REPORT ☐ QUARTERLY REPORT ☐ REGISTRATION ☐ UNMANIFESTED WASTE REPORT

FILING PERIOD: BEGINNING 1-1-83 AND ENDING 12-31-83

## WASTE SUMMARY

LINE NUMBER	DESCRIPTION OF WASTE	EPA WASTE NUMBER	DOT HAZARD CLASS	PHYSICAL STATE	AMOUNT OF WASTE	UNIT OF MEASURE	DISPOSITION CODE	TRANSFER CODE	HANDLING METHOD
1	Dichloroisopropyl Ether and Propylene Dichloride Mixture	U027 U083 D001	FL CM	L	174,000	P	KY Z	KYD006396246	S02
2	Toluene Diamine Waste	U221	ORM-A	S	18,450	P	KY Z	KYD006396246	S01
3	Glycol Bottoms	D002	CM	L	171,000	P	KY Z	KYD006396246	S
4	Waste Polymers	D001 F002	FL	L	111,051	P	CIKXT	Q110043214047	S02
5	Waste Polyols	D002	CM	L	20,700	P	KY Z	KYD006396246	S02
6	Waste Polyols	D001 F002	FL	L	124,110	P	CTXT	CT0001451004	S02

RECEIVED  
MAY 04 1984  
DIVISION OF  
WASTE MANAGEMENT





DOE RUN PLANT, P.O. BOX 547, BRANDENBURG, KENTUCKY 40108-0547

October 28, 1983

Mr. Doug Allgeier  
Kentucky Division of Water Quality  
Permit Branch  
18 Reilly Road  
Frankfort, KY 40601

Dear Mr. Allgeier:

Olin Corporation's Brandenburg, Kentucky plant obtains process and cooling water from Doe Valley Lake (major source) and a series of collector and Ranney Wells that are located near the Ohio River. Two of the Ranney Wells (Nos. 1 and 2) are contaminated with dichloroisopropyl ether (DCIPE) and dichloroethyl ether (DCEE). The concentration of DCIPE ranges from 5.0 mg/l to 10 mg/l in Ranney Well No. 1 and 2.0 mg/l to 3.5 mg/l in Ranney Well No. 2. The concentration of DCEE in both wells is less than 0.5 mg/l.

Our present NPDES permit requires that if Ranney Wells Nos. 1 and 2 are used, this water will be distributed to users that discharge to Outfall 002 via the wastewater treatment facility. Dichloroisopropyl ether limitations established for Outfall 002 are 7.0 lbs/day average and 14.0 lbs/day maximum. Dichloroethyl ether limits are 2.0 lbs/day average and 4.0 lbs/day maximum.

As indicated in a recent phone conversation between Mr. C. P. Baldwin (KY Division of Water Quality) and Mr. Hyland (Olin), our plant, like many plants in Kentucky, is experiencing a severe water shortage. The level of Doe Valley Lake, which serves as back-up potable water source for a recreation community of five hundred (500) people has continued to drop for the past two months. The resulting reduced withdrawal rates not only has a negative impact on our production rates but also produces serious maintenance problems with heat exchanger fouling.

Due to the above conditions, Olin Corporation requests that our NPDES permit be modified to allow the use of Ranney Well No. 2 water in the cooling water system and distribute the water from Ranney Well No. 1 (normally idle) to plant users that discharge to the wastewater treatment facility only during water shortage situations. Specially, when the water level of Doe Valley Lake drops from a spillway elevation of 471 feet to an elevation of 466 feet we can operate in this mode. Historical data indicates

Larry,  
OK this is the  
background to find out  
the permit should be changed  
(would water from well No. 2  
and up in outfall 002?)

Let's discuss

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NOV 02 1983

WASTEWATER SECTION

Mr. Doug Allgeie.  
Page Two  
October 28, 1983

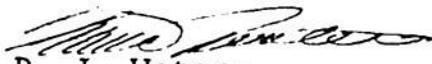
that a rapid drop in the lake water level, depending on climatic conditions, may occur at water elevation of 464 feet to 465 feet. The No. 2 well will continue to be used as a source of cooling water until lake level recovery is evident, i.e. a three (3) feet increase in water elevation (469 feet).

When Ranney Well No. 2 is used in the cooling water system, Outfalls 001 and 002 would be monitored for dichloroethyl ether (DCEE) and dichloroisopropyl ether (DCIPE). Monitoring frequency would be established at twice per month. The total quantity of ethers discharged from Outfalls 001 and 002 would be limited as in our previous NPDES permit - 50 lbs/day average and 75 lbs/day maximum combined DCIPE and DCEE of which no more than 10 lbs/day will be dichloroethyl ether. This approach was discussed with Region IV EPA (prior to Kentucky receiving NPDES permitting authority) and they verbally agreed to the conditions set forth above.

If any additional information is required, please contact Mr. R. W. Hyland at 615/336-4177.

Very truly yours,

OLIN CORPORATION

  
D. J. Waters  
Plant Manager

*W. F. M.*  
RWH/DJW/ddg

cc: Mr. William Taylor  
Compliance Branch  
EPA Region IV  
345 Courtland Street, N.E.  
Atlanta, GA 30365



bcc: R. E. McManon  
V. M. Norwood  
D. J. Waters

# Olin CHEMICALS GROUP

DOE RUN PLANT, P. O. BOX 547, BRANDENBURG, KENTUCKY 40108

March 30, 1982

Mr. Bill Cloward  
Permit Division  
Environmental Protection Agency  
Region IV  
345 Courtland Street, N.E.  
Atlanta, Georgia 30365

Dear Mr. Cloward:

In our meeting at Olin's Doe Run Kentucky Plant (2/4/82), agreement was reached on proposed NPDES permit limitations for the conventional pollutants discharged from Outfall 002. The limitation specified for the conventional pollutants are as follows: BOD<sub>5</sub> (989 lbs/day average and 1,978 lbs/day maximum), Total Suspended Solids (2,340 lbs/day average and 4,681 lbs/day maximum) and pH (6.0 to 9.0 standard units). A phenol trigger limit of 11.0 lbs/day was also established. The effluent limitations for the non-contact cooling water Outfalls (001 and 003) will remain the same as the present permit. *for metals?*

Effluent parameter limitations still to be resolved for Outfall 002 are as follows: Chromium, Dichloroethyl Ether, Dichloroisopropyl Ether, Methylene Chloride and Benzene. Table I list the present and recommended limits for these specific parameters. Below is a discussion of each parameter and rationale for our recommendation.

## Chromium

The original proposed permit limitation (0.034 lbs/day) for chromium was based on effluent guidelines for only a portion of our unit processes. To determine the total chromium raw waste load for this facility, process streams not covered by the effluent guidelines were analyzed. A composite sample of each stream was prepared by combining hourly grab samples. A total chromium raw waste load (FRL) is tabulated from the following sources:

Mr. Bill Cloward  
March 30, 1982  
Page Three

Total raw waste load for processes which guidelines do not exist	- 5.34 lbs/day
Total raw waste load for processes which guidelines do exist	- <u>0.034</u> lbs/day
Total Raw Waste Load	5.374 lbs/day

\*Proposed Chromium effluent limitation  
Average - 11.3 lbs/day  
Maximum - 21.0 lbs/day

\*Based on a variability factor of 2.1 and 3.9

#### Dichloroethyl Ether

The proposed average effluent limit of 2.0 lbs/day represents an eighty percent reduction of the allowed limit in Olin's 1977 NPDES permit. This corresponds to an average effluent concentration of 0.06 mg/l. The analytical accuracy, using conventional analytical methods, for effluent concentrations less than 0.06 mg/l is probably questionable.

#### Dichloroisopropyl Ether

A proposed trigger limit of 10.0 lbs/day again represent an eighty percent reduction of the allowable limit in Olin's 1977 NPDES permit.

As you are aware the source of Dichloroisopropyl Ether originates from contaminated groundwater. Plant intake water from three production wells (Ranney Well #1, 2 and 3) show varying degrees of contamination; wells #4 and 5, installed in 1979, show no contamination. The Dichloroisopropyl Ether concentration in these wells has continued to decline over the past ten years and is now in the range of 6.0 to 8.0 PPM for #1 well, 1.0 to 1.5 PPM for #2 well and approximately 0.1 PPM for well #3.

Prior to May of 1981, all water from #1 well was used in the propylene oxide unit and was consumed in the process. With the termination of propylene oxide production, this well was shut down.



Mr. Bill Cloward  
March 30, 1982  
Page Four

Dichloroisopropyl Ether (Continued)

Well #2 is distributed to users that discharge to the wastewater treatment plant. An in-plant biological treatment study indicates that treatment removal efficiency (approx. 96%) for this component is excellent, resulting in a Dichloroisopropyl Ether discharge of 0.5 to 1.0 lbs/day. We do anticipate that the Dichloroisopropyl Ether raw waste load will increase by a factor three to five times the present concentration due to the migration of contaminants from #1 well and the use of #1 well during drought conditions. Based on this factor and the variability of a biological treatment process, we feel that a trigger limit of 10.0 lbs/day is justified.

Methylene Chloride

Olin's Doe Run Plant has no known source of Methylene Chloride. The effluent guidelines used to develop discharge parameters for our plant showed Methylene Chloride being generated from the production of glycols. This is unlikely unless the glycol is produced from a chlorohydrin process and/or chlorohydrin oxide. Our glycols are now produced from direct oxidation oxides and do not come in contact with chlorine. If Methylene Chloride is detected in our waste stream it is probably due to chromatographic interference of the chloro ethers present in the wastewater. Based on the above, we do not feel that Methylene Chloride should be a parameter limitation in our NPDES permit.

very small levels in permit  
application - max. of 3 maximum  
is 32 ug/l

Benzene

No EPA analytical procedure or detection limits have been established for Benzene determination. An analytical laboratory (Environmental Consultants - Clarksville, IN) that performs some of our analytical work indicates their detection limit for Benzene is 50 ppb. A trigger limit of 7.0 lbs/day would establish an effluent concentration approximately four times the detection limit.

4 measurements in application -  
below detection limits

Sincerely,

OLIN CORPORATION

*R. W. Hyland*

R. W. Hyland  
Environmental Coordinator





DOE RUN PLANT, P.O. BOX 547, BRANDENBURG, KENTUCKY 40108-0547

August 11, 1982

Mr. Marshall Hyatt  
North Area Unit  
Permit Section  
Facilities Performance Branch  
Water Management Division  
USEPA Region IV  
345 Courtland Street, N.E.  
Atlanta, Georgia 30365

Dear Mr. Hyatt:

Attached is the following information you requested for developing a NPDES permit for Olin Corporation's Doe Run Kentucky plant.

Attachment 1 - TOC and BOD Correlation  
(Outfall 001)

Attachment 2 - Bioassay and Mercury Analysis Report  
(Outfall 002)

Attachment 3 - Annual Temperature Variation  
(Doe Valley Lake)

Attachment 4 - Dichloroisopropyl Ether Concentration  
(Outfall 003)

Attachment 5 - Best Management Practice

In our recent discussions, agreement on many effluent parameters were established. A review of these parameters by outfall is as follows:

Outfall 001

Flow and temperature will be monitored and recorded continuously. The pH shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored monthly by a grab sample. If direct chlorination is used the following parameters will be monitored, 1) Chromium - Limit 1.0 mg/l average and 1.0 mg/l maximum, 2) Zinc - Limit 0.5 mg/l average and 1.0 mg/l maximum, 3) Chlorine - Limit 0.2 mg/l average and 0.2 mg/l maximum.

Mr. Marshall Hyatt  
August 11, 1982  
Page Two

#### Outfall 001 (Continued)

Since the non-contact cooling water is monitored daily for Total Organic Carbon (TOC) content we requested that consideration be given to reducing the BOD and total suspended solids monitoring frequency to one per month. We understand that this request is being considered. Attachment 1 is a BOD and TOC correlation for Outfall 001.

#### Outfall 002

Flow and temperature will be monitored and recorded continuously. The following parameter will be monitored weekly by analyzing a twenty-four hour composite sample 1) BOD<sub>5</sub> - Limit 1,000 lbs/day average and 2,000 lbs/day maximum, 2) Total Suspended Solids - Limit 1,334 to 1,668 lbs/day average (still to be resolved) and 3,336 lbs/day maximum, 3) Chromium - Limit 11.3 lbs/day average and 21.0 lbs/day maximum. The pH shall not be less than six (6.0) standard units nor greater than 9.0 standard units and shall be monitored weekly by a grab sample. In your original proposed permit, mercury was monitored monthly. As we discussed, the Doe Run plant has no known sources of mercury and we felt that previous detections were due strictly to analytical interference. Attachment 2 contains recent mercury analyses, using a gold film analyzer, for Outfall 002. All results were below the detection limit. Based on these results we believe that mercury should not be included as a permit parameter. Dichloroethyl Ether and Dichloroisopropyl Ether will be monitored twice a month. Limitation for these parameters are 2.0 lbs/day and 7.0 lbs/day respectively.

#### Outfall 003

Temperature and flow will be monitored continuously. The Agency originally proposed a temperature limit of 31.7°C for non-contact cooling water discharge. As we indicated, this limitation can not be met. However, we feel that due to the low stream flow (approximately 1.5 MGD) the environmental impact on Doe Run creek is minimal. To evaluate the impact you requested the annual temperature variations in Doe Valley Lake, the major flow contributor to Doe Run creek. This information is provided in Attachment 3. Based on temperature profile of Doe Valley lake we feel that the temperature limitation should be dropped from the permit.



Mr. Marshall Hyatt  
August 11, 1982  
Page Three

#### Outfall 003 (Continued)

Another proposed parameter of concern is Dichloroisopropyl Ether (DCIPE). The data provided in Attachment 4 indicates the DCIPE long term average is much less than water quality standard. Since the water quality standard is being met, DCIPE should not be a permit parameter.

As we agreed chromium, zinc and chlorine will be monitored if direct chlorination is used. The pH of Outfall 003 shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored once per month.

#### Bioassay

A biomonitoring analysis will be a parameter requirement for Outfall 002. Mr. Bill Peltier indicated that Region IV will accept the following procedure for determining the aquatic toxicity of this stream.

- o One range finding static bioassay per month for three months to evaluate the toxicity.
- o The first test is to be conducted on four grab samples (four separate tests), each sample collected every six (6) hours over a 24-hour period. Simultaneously a sample will be collected every two (2) hours for Total Organic Carbon (TOC) analysis. See Attachment 4 for the results of the first bioassay and the TOC variability on Outfall 002.
- o If the effluent from Outfall 002 is proven to be non-variable, a single grab sample will satisfy sampling guidelines in future bioassays.
- o After the initial three month evaluation (results in Attachment 2 should satisfy one month) and if no toxicity is evident the monitoring frequency will be reduced to quarterly or semi-annually.
- o During the first year if no toxicity is observed in the quarterly or semi-annual sampling, the biomonitoring requirement will be dropped from the permit.

## DIVISION OF WASTE MANAGEMENT

KENTUCKY DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION

## HAZARDOUS WASTE REPORT

APR 10 1981  
DIV. OF HAZARDOUS MATERIAL  
AND WASTE MANAGEMENT

FOR THE PERIOD BEGINNING 1/1/80 AND ENDING 12/31/80

## GENERAL INFORMATION

EPA ID NUMBER KYD006396246

INSTALLATION NAME: Olin Corporation

INSTALLATION MAILING ADDRESS: P.O. Box 547

Brandenburg, Kentucky 40108

INSTALLATION LOCATION: Highway 933

COUNTY: Meade

CONTACT PERSON: R. W. Hyland TELEPHONE: (502) 422-2101

TYPE OF ACTIVITY: ☐ GENERATION ☐ RECYCLING ☒ TREATMENT ☐ STORAGE ☐ DISPOSAL☐ UNDERGROUND INJECTIONTYPE OF REPORT: ☒ ANNUAL ☐ QUARTERLY ☐ UNMANIFESTED WASTE

NUMBER OF: SUMMARY SHEETS ATTACHED 1 WASTES REPORTED 1

## TRANSPORTATION SERVICES USED

No transportation, on-site treatment.

EPA ID NUMBER

COMPANY NAME

## COMMENTS

Olin incineration facility thermally destroys a Propylene Dichloride and Dichloroisopropyl Ether mixture. In the past this material has been sold as a product but customer demands, at this time, requires disposal.

## FOR TREATMENT, STORAGE AND DISPOSAL FACILITIES ONLY

COST ESTIMATE FOR: CLOSURE \$ Being Developed POST CLOSURE \$

CERTIFICATION: I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

H. F. Gerrard, Plant Manager  
PRINT OR TYPE NAME

SIGNATURE

DATE SIGNED



KENTUCKY DIVISION OF WASTE MANAGEMENT

## HAZARDOUS WASTE INFORMATION SUMMARY

## GENERAL INFORMATION

INSTALLATION NAME: Olin Corporation  
EPA ID NUMBER: KYD006396246

TYPE OF ACTIVITY: ☐ GENERATOR ☐ RECYCLING ☒ TREATMENT ☐ STORAGE ☐ DISPOSAL

TYPE OF FILING: ☒ ANNUAL REPORT ☐ QUARTERLY REPORT ☐ REGISTRATION ☐ UNMANIFESTED WASTE REPORT

FILING PERIOD:	BEGINNING	1/1/80	AND ENDING	12/31/80
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## WASTE SUMMARY

[illegible]

*File  
Olin*

January 31, 1974

*mesde*

M E M O R A N D U M

TO: Herman D. Regan, Jr.  
Commissioner  
Bureau of Environmental Quality

THRU: Harold T. Snodgrass  
Director  
Division of Water (Quality) *HTB*

FROM: Clyde P. Baldwin, P. E.  
Principal Sanitary Engineer  
Division of Water (Quality)

SUBJECT: Olin Meeting, Atlanta, Georgia  
January 30, 1974

On January 30, 1974, I attended a meeting between EPA and the Olin Corporation at the request of both parties to discuss the Bis ether problem and the NPDES Permit. The subject of Bis ether was readily resolved with EPA and Olin agreeing to reduced discharge of 25 percent by February 1, 1974, and limiting the discharge after May 1, 1974, to no more than 50 lbs. per day.

EPA agreed not to create a panic scare concerning Bis ether and Mr. Gary Hutchinson of the Drinking Water Program said he would contact Mr. Nick Johnson of the Sanitary Engineering Division, Kentucky Department for Human Resources and advise him of the agreement.

The matter of the NPDES Permit was not resolved and as a result another meeting must be conducted between Olin and Kentucky and another meeting between Olin Corporation and EPA. Olin Corporation wants to continue use of the PO process indefinitely even though they admitted the Company was previously committed to close the facility by July, 1974.

Olin Corporation was surprised that the fact the state considered this agreement a binding situation. Olin Corporation said that they may be in a position to provide a minimum of primary treatment by the use of vacuum filters by 1975 or 1976. A treatability study would be conducted and should it produce favorable results then the secondary facilities would be provided by late 1978 or early 1979.

MEMO TO: Herman J. Regan, Jr.  
THRU: Harold L. Snodgrass  
PAGE: Two  
DATE: January 31, 1974

EPA said they could not permit such a schedule and that any permit would read secondary treatment by July 1, 1977. The position that Olin Corporation wishes to continue to operate on an indefinite basis was news to the writer. The situation with Olin Corporation fulfilling their commitments appears to have deteriorated and Olin Corporation has requested a meeting with the state in an effort to clarify the situation. At the present time, Olin Corporation seems to be only stalling for time since they already know that the PO waste is untreatable in any fashion to a reasonable degree.

Attached is a list of those who attended the meeting.

CPB:lcc

Attachment



FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FKY D006396246	
II. POLLUTANT CHARACTERISTICS		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
			X	YES	NO
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	No	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
				YES	NO
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X	X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
				YES	NO
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
				YES	NO
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
				YES	NO
III. NAME OF FACILITY		IV. FACILITY CONTACT			
1 SKIP		A. NAME & TITLE (last, first, & title)			
OLIN CORPORATION		B. PHONE (area code & no.)			
		502 422 2101			
V. FACILITY MAILING ADDRESS		VI. FACILITY LOCATION			
A. STREET OR P.O. BOX		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
3 P.O. BOX 547		5 HIGHWAY 933			
B. CITY OR TOWN		B. COUNTY NAME			
4 BRANDENBURG		MEADE			
C. STATE		C. CITY OR TOWN			
KY		4 BRANDENBURG			
D. ZIP CODE		D. STATE			
40108		KY			
E. ZIP CODE		F. COUNTY CODE (if known)			

RECEIVED

MAR 28 1983

WASTE MANAGEMENT



CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
2 8 6 9 (specify) Organic Chemicals	7 (specify)		
C. THIRD		D. FOURTH	
(specify)	7 (specify)		

III. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
OLIN CORPORATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE M - PUBLIC (other than federal or state) O - OTHER (specify)		2 0 3 3 5 6 2 0 0 0	
E. STREET OR P.O. BOX			
2 0 LONG RIDGE ROAD			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
STAMFORD		CT	0 6 9 0 4
		IX. INDIAN LAND	
		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
N KY 0 0 0 2 1 1 9		9 P NA	
E. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
U NA		(specify) See Attachment	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
R NA		(specify)	

I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

The nature of the business at Doe Run is the production of Glycols, Glycol Ethers, and Polyaklaline Glycols. The principle feed to the plant is natural gas liquids. The materials are separated by distillation and the ethane is thermally cracked to ethylene. The ethylene is then oxidized to ethylene oxide. Ethylene oxide is reacted with water, ammonia, methanol, butanol and various long-chain alcohols (phenolic compounds). Purchased propylene oxide is reacted with water and glycerine.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
W. A. Oppold Sr. V.P. Manufacturing & Engineering	<i>W. A. Oppold</i>	3/23/83

COMMENTS FOR OFFICIAL USE ONLY

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# POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

**NOTE:** This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

**GENERAL INSTRUCTIONS:** Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency: Site Tracking System: Hazardous Waste Division (EN-335); 401 M St., SW; Washington, DC 20460.

KYD006396246 MEADE  
OLIN CORP/DOE RUN PL/OLD EAST LANDFILL  
OFF RTE 933  
BRANDENBURG KY 40108  
BROWN, J.E., MGR ENV TECH 6153362251

TION

ET (or other identifier)

E. ZIP CODE F. COUNTY NAME

2. TELEPHONE NUMBER

## H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

"103-C NOTIFICATION" DATE: 810609  
CARL SCHROEDER  
PHONE: 502-564-6716

*Landfill - biological study*

K. DATE IDENTIFIED  
(mo., day, & yr.)

2. TELEPHONE NUMBER

## II. PRELIMINARY ASSESSMENT (complete this section last)

### A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

### B. RECOMMENDATION

☒ 1. NO ACTION NEEDED (no hazard)

☐ 2. IMMEDIATE SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:

☐ 3. SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED (low priority)

### C. PREPARER INFORMATION

1. NAME

*Don Cunniff*

2. TELEPHONE NUMBER

3. DATE (mo., day, & yr.)

*82/09/02*  
*9/2/83*

## III. SITE INFORMATION

### A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

### B. IS GENERATOR ON SITE?

☐ 1. NO

☐ 2. YES (specify generator's four-digit SIC Code):

### C. AREA OF SITE (in acres)

### D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

### E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☐ 2. YES (specify):



## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1 UNKNOWN    ☐ 2 LIQUID    ☐ 3. SOLID    ☐ 4 SLUDGE    ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1 UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4 RADIOACTIVE    ☐ 5 HIGHLY VOLATILE  
☐ 6. TOXIC    ☐ 7 REACTIVE    ☐ 8 INERT    ☐ 9 FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

**V. WASTE RELATED INFORMATION (continued)****3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).****4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.****VI. HAZARD DESCRIPTION**

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	<input checked="" type="checkbox"/>			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.





POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

TV

SITE NUMBER (to be assigned by HQ)

KYD006396246

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

## A. SITE NAME

Olin Corp./Doe Run Plant/Old East LF

## B. STREET (or other identifier)

Rt. 933

## C. CITY

Brandenburg

## D. STATE

KY

## E. ZIP CODE

40108

## F. COUNTY NAME

Meade

## G. OWNER/OPERATOR (if known)

## 1. NAME

Olin Corporation

## 2. TELEPHONE NUMBER

615-336-2251

## H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

## I. SITE DESCRIPTION

landfill

## J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

NOTIS

## K. DATE IDENTIFIED

(mo., day, & yr.)  
11.25.81

## L. PRINCIPAL STATE CONTACT

## 1. NAME

Don Curry

## 2. TELEPHONE NUMBER

502-384-4734

## II. PRELIMINARY ASSESSMENT (complete this section last)

## A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

## B. RECOMMENDATION

☒ 1. NO ACTION NEEDED (no hazard)☐ 2. IMMEDIATE SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:☐ 3. SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED (low priority)

## C. PREPARER INFORMATION

## 1. NAME

Valerie Timmons

## 2. TELEPHONE NUMBER

502-564-6716

## 3. DATE (mo., day, &amp; yr.)

9.21.82

## III. SITE INFORMATION

## A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☒ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

## B. IS GENERATOR ON SITE?

☐ 1. NO☒ 2. YES (specify generator's four-digit SIC Code):

## C. AREA OF SITE (in acres)

8

## D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

## E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO☒ 2. YES (specify):

plant buildings

## CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X' A. TRANSPORTER	X' B. STORER	X' C. TREATER	X' D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN    ☐ 2. LIQUID    ☒ 3. SOLID    ☐ 4. SLUDGE    ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4. RADIOACTIVE    ☐ 5. HIGHLY VOLATILE  
☒ 6. TOXIC    ☐ 7. REACTIVE    ☐ 8. INERT    ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount(specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT 100	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE tons	UNIT OF MEASURE	UNIT OF MEASURE
X' (1) PAINT, PIGMENTS	X' (1) OILY WASTES	X' (1) HALOGENATED SOLVENTS	X' (1) ACIDS	X' (1) FLYASH	X' (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER(specify):
			(6) CYANIDE	(6) OTHER(specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			X' (11) OTHER(specify): 2,4-Dinitrophenol, 2,6-Dinitrophenol		



# VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify):  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify):

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

# VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

# IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

# X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



## V WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

# IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and describe the waste(s) relating to each activity by marking 'X' in appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL				
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM				
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP				
<input type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT				
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIDNIGHT DUMPING				
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION				
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION				
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):				
		<input type="checkbox"/> 9. OTHER (specify):					

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED:

Disposed of boiler ash, lime grits and paper

# V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGNTD. SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (2) POTW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
			<input checked="" type="checkbox"/> (6) CYANIDE	<input checked="" type="checkbox"/> (6) OTHER (specify):	
			<input type="checkbox"/> (7) PHENOLS	lime grits & paper	
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (specify):		





POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

10

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and II through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Landfill located under the west portion of new landfill site currently permitted under #082.08.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) ECKHARDT REPORT			K. DATE IDENTIFIED (mo., day, & yr.) 2-29-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME Donald R. Curry		2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-29-80
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	



# V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

**VII. PERMIT INFORMATION****A. INDICATE ALL APPLICABLE PERMITS USED BY THE SITE.**

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

**B. IN COMPLIANCE?**

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

**VIII. PAST REGULATORY ACTIONS**

- ☐ A. NONE    ☐ B. YES (summarize below)

**IX. INSPECTION ACTIVITY (past or on-going)**

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

**X. REMEDIAL ACTIVITY (past or on-going)**

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

**NOTE:** Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

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NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION

This site adjacent to presently permitted site #082.02

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) ECKHARDT REPORT	K. DATE IDENTIFIED (mo., day, & yr.) 2-29-80
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L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight	2. TELEPHONE NUMBER 502-564-6716
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II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☒ 5. UNKNOWN

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

☒ 2. IMMEDIATE SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR: \_\_\_\_\_  
b. WILL BE PERFORMED BY: \_\_\_\_\_

☒ 3. SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR: \_\_\_\_\_  
b. WILL BE PERFORMED BY: \_\_\_\_\_

☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-29-80
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III. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☒ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify): \_\_\_\_\_ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO ☒ 2. YES (specify generator's four-digit SIC Code): \_\_\_\_\_

C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
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E. ARE THERE BUILDINGS ON THE SITE? (if in problem area)

☒ 1. NO ☐ 2. YES (specify): \_\_\_\_\_



## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL		<input checked="" type="checkbox"/> 1. PILE		<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 1. LANDFILL	
<input checked="" type="checkbox"/> 2. SHIP		<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT		<input checked="" type="checkbox"/> 2. INCINERATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 2. LANDFARM	
<input checked="" type="checkbox"/> 3. BARGE		<input checked="" type="checkbox"/> 3. DRUMS		<input checked="" type="checkbox"/> 3. VOLUME REDUCTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3. OPEN DUMP	
<input checked="" type="checkbox"/> 4. TRUCK		<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND		<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT	
<input checked="" type="checkbox"/> 5. PIPELINE		<input checked="" type="checkbox"/> 5. TANK, BELOW GROUND		<input checked="" type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING	
<input checked="" type="checkbox"/> 6. OTHER (specify):		<input checked="" type="checkbox"/> 6. OTHER (specify):		<input checked="" type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 6. INCINERATION	
				<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 7. UNDERGROUND INJECTION	
				<input checked="" type="checkbox"/> 8. SOLVENT RECOVERY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 8. OTHER (specify):	
				<input checked="" type="checkbox"/> 9. OTHER (specify):	<input checked="" type="checkbox"/>		

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Planning to drill to determine what wastes are in the fill.  
Debris from explosion in 1963 plus waste from operation.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input checked="" type="checkbox"/> (2) METALS SLUDGES	<input checked="" type="checkbox"/> (2) OTHER (specify):	<input checked="" type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (2) PICKLING LIQUORS	<input checked="" type="checkbox"/> (2) ASBESTOS	<input checked="" type="checkbox"/> (2) HOSPITAL
<input checked="" type="checkbox"/> (3) POTW		<input checked="" type="checkbox"/> (3) OTHER (specify):	<input checked="" type="checkbox"/> (3) CAUSTICS	<input checked="" type="checkbox"/> (3) MILLING/MINE TAILINGS	<input checked="" type="checkbox"/> (3) RADIOACTIVE
<input checked="" type="checkbox"/> (4) ALUMINUM SLUDGE			<input checked="" type="checkbox"/> (4) PESTICIDES	<input checked="" type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER (specify):			<input checked="" type="checkbox"/> (5) DYES/INKS	<input checked="" type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (5) OTHER (specify):
			<input checked="" type="checkbox"/> (6) CYANIDE	<input checked="" type="checkbox"/> (6) OTHER (specify):	
			<input checked="" type="checkbox"/> (7) PHENOLS		
			<input checked="" type="checkbox"/> (8) HALOGENS		
			<input checked="" type="checkbox"/> (9) PCB		
			<input checked="" type="checkbox"/> (10) METALS		
			<input checked="" type="checkbox"/> (11) OTHER (specify):		

# V SITE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				







☐ 1. NPDES PERMIT      ☐ 2. SPCC PLAN      ☐ 3. STATE PERMIT (*specify*):  
☐ 4. AIR PERMITS      ☐ 5. LOCAL PERMIT      ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER      ☐ 8. RCRA TREATER      ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (*specify*):

☐ 1. YES                      ☐ 2. NO                      ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

☐ A. NONE ☐ B. YES (summarize below)

☐ A. NONE                      ☐ B. YES (complete items 1, 2, 3, & 4 below)

X. REMEDIAL ACTIVITY (past or on-going)

☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

8

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION open burning pit			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED (low priority) a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY:		
C. PREPARER INFORMATION 1. NAME Donald R. Curry 2. TELEPHONE NUMBER 502-384-4734 3. DATE (mo., day, & yr.) 2-25-80		

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	



#### IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and its relating to each activity by marking 'X' in appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL				
<input checked="" type="checkbox"/> 2. SHIP	<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input checked="" type="checkbox"/> 2. INCINERATION	<input checked="" type="checkbox"/> 2. LANDFARM				
<input checked="" type="checkbox"/> 3. BARGE	<input checked="" type="checkbox"/> 3. DRUMS	<input checked="" type="checkbox"/> 3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP				
<input checked="" type="checkbox"/> 4. TRUCK	<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND	<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT				
<input checked="" type="checkbox"/> 5. PIPELINE	<input checked="" type="checkbox"/> 5. TANK, BELOW GROUND	<input checked="" type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input checked="" type="checkbox"/> 5. MIDDY DUMPING				
<input checked="" type="checkbox"/> 6. OTHER (specify):	<input checked="" type="checkbox"/> 6. OTHER (specify):	<input checked="" type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/> 6. INCINERATION				
		<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING	<input checked="" type="checkbox"/> 7. UNDERGROUND INJECTION				
		<input checked="" type="checkbox"/> 8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (specify):				
		<input checked="" type="checkbox"/> 9. OTHER (specify):					

#### E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED:

Site apparently no longer in use. This was located where there is presently a flare stack.

#### V. WASTE RELATED INFORMATION

##### A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

##### B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

##### C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input checked="" type="checkbox"/> (2) METALS SLUDGES	<input checked="" type="checkbox"/> (2) OTHER (specify):	<input checked="" type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (2) PICKLING LIQUORS	<input checked="" type="checkbox"/> (2) ASBESTOS	<input checked="" type="checkbox"/> (2) HOSPITAL
<input checked="" type="checkbox"/> (3) PCTW		<input checked="" type="checkbox"/> (3) OTHER (specify):	<input checked="" type="checkbox"/> (3) CAUSTICS	<input checked="" type="checkbox"/> (3) MILLING/MINE TAILINGS	<input checked="" type="checkbox"/> (3) RADIOACTIVE
<input checked="" type="checkbox"/> (4) ALUMINUM SLUDGE			<input checked="" type="checkbox"/> (4) PESTICIDES	<input checked="" type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER (specify):			<input checked="" type="checkbox"/> (5) DYES/INKS	<input checked="" type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (5) OTHER (specify):
			<input checked="" type="checkbox"/> (6) CYANIDE	<input checked="" type="checkbox"/> (6) OTHER (specify):	
			<input checked="" type="checkbox"/> (7) PHENOLS		
			<input checked="" type="checkbox"/> (8) HALOGENS		
			<input checked="" type="checkbox"/> (9) PCB		
			<input checked="" type="checkbox"/> (10) METALS		
			<input checked="" type="checkbox"/> (11) OTHER (specify):		

**V WASTE RELATED INFORMATION (continued)**

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

**VI. HAZARD DESCRIPTION**

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS ~~AND~~ BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.





POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp. (082.02)		B. STREET (or other identifier) Hwy. 933 - P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION landfill used for the disposal of fly ash from pulverized coal boilers, lime grits, spent activated clay and waste paper.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify: (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):		
C. AREA OF SITE (in acres) (preliminary) 7 acres	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)	
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):		

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and units relating to each activity by marking 'X' in appropriate boxes.

X A. TRANSPORTER		X B. STORER		X C. TREATER		X D. DISPOSER	
1. RAIL		1. PILE		1. FILTRATION	X	1. LANDFILL	
2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM	
3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP	
4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT	
5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING	
6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION	
				7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION	
				8. SOLVENT RECOVERY		8. OTHER (specify):	
				9. OTHER (specify):			

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Landfill receives fly ash from pulverized coal boilers, lime grits, spent activated clay and waste paper.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
X (1) PAINT, PIGMENTS		X (1) OILY WASTES		X (1) HALOGENATED SOLVENTS		X (1) ACIDS		X (1) FLYASH		X (1) LABORATORY PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER (specify):		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW				(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL	
(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER (specify):	
						(6) CYANIDE		(6) OTHER (specify):			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER (specify):					



## WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				



## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify): Landfill Permit #082.02  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☒ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): Ky. Solid Waste Regulations

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspections			

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

**NOTE:** This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

**GENERAL INSTRUCTIONS:** Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Incinerator			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	



## CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL		<input checked="" type="checkbox"/> 1. PILE		<input checked="" type="checkbox"/> 1. FILTRATION		<input checked="" type="checkbox"/> 1. LANDFILL	
<input checked="" type="checkbox"/> 2. SHIP		<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT		<input checked="" type="checkbox"/> 2. INCINERATION		<input checked="" type="checkbox"/> 2. LANDFARM	
<input checked="" type="checkbox"/> 3. BARGE		<input checked="" type="checkbox"/> 3. DRUMS		<input checked="" type="checkbox"/> 3. VOLUME REDUCTION		<input checked="" type="checkbox"/> 3. OPEN DUMP	
<input checked="" type="checkbox"/> 4. TRUCK		<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND		<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY		<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT	
<input checked="" type="checkbox"/> 5. PIPELINE		<input checked="" type="checkbox"/> 5. TANK, BELOW GROUND		<input checked="" type="checkbox"/> 5. CHEM./PHYS. TREATMENT		<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING	
<input checked="" type="checkbox"/> 6. OTHER (specify):		<input checked="" type="checkbox"/> 6. OTHER (specify):		<input checked="" type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 6. INCINERATION	
				<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING		<input checked="" type="checkbox"/> 7. UNDERGROUND INJECTION	
				<input checked="" type="checkbox"/> 8. SOLVENT RECOVERY		<input checked="" type="checkbox"/> 8. OTHER (specify):	
				<input checked="" type="checkbox"/> 9. OTHER (specify):			

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Incinerator used to incinerate decipe - a chemical waste from plant operation.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. UNKNOWN    ☐ 2. LIQUID    ☐ 3. SOLID    ☐ 4. SLUDGE    ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4. RADIOACTIVE    ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC    ☐ 7. REACTIVE    ☐ 8. INERT    ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input checked="" type="checkbox"/> (2) METALS SLUDGES	<input checked="" type="checkbox"/> (2) OTHER (specify):	<input checked="" type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (2) PICKLING LIQUORS	<input checked="" type="checkbox"/> (2) ASBESTOS	<input checked="" type="checkbox"/> (2) HOSPITAL
<input checked="" type="checkbox"/> (3) POTW		<input checked="" type="checkbox"/> (3) OTHER (specify):	<input checked="" type="checkbox"/> (3) CAUSTICS	<input checked="" type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input checked="" type="checkbox"/> (3) RADIOACTIVE
<input checked="" type="checkbox"/> (4) ALUMINUM SLUDGE			<input checked="" type="checkbox"/> (4) PESTICIDES	<input checked="" type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER (specify):			<input checked="" type="checkbox"/> (5) DYES/INKS	<input checked="" type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (5) OTHER (specify):
			<input checked="" type="checkbox"/> (6) CYANIDE	<input checked="" type="checkbox"/> (6) OTHER (specify):	
			<input checked="" type="checkbox"/> (7) PHENOLS		
			<input checked="" type="checkbox"/> (8) HALOGENS		
			<input checked="" type="checkbox"/> (9) PCB		
			<input checked="" type="checkbox"/> (10) METALS		
			<input checked="" type="checkbox"/> (11) OTHER (specify):		



## WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

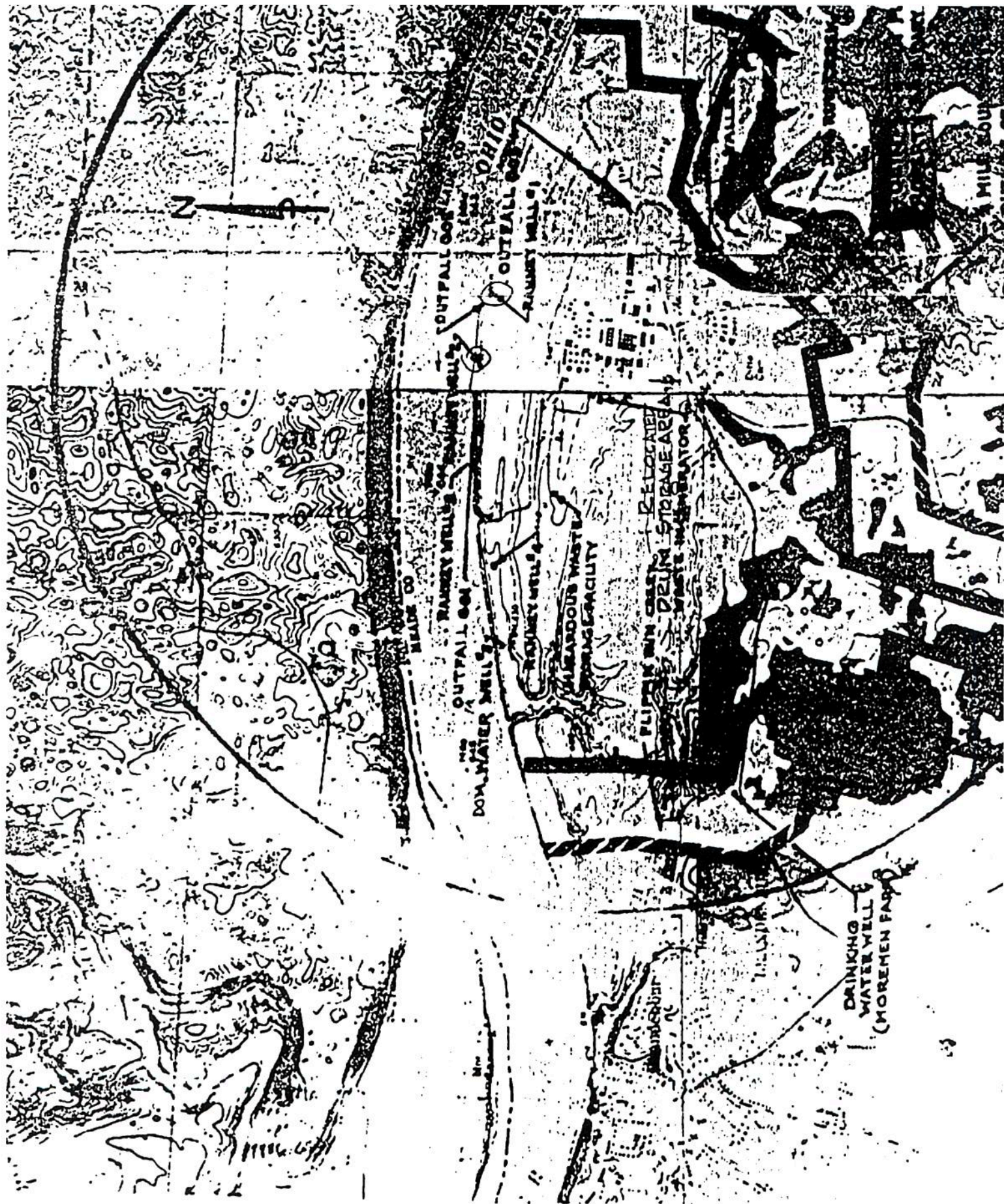
## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.









PO TENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

IV

SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME

Ciba Corporation

B. STREET (or other identifier)

C. CITY

Brandenburg

D. STATE

Ky

E. ZIP CODE

F. COUNTY NAME

G. OWNER/OPERATOR (if known)

1. NAME

Plant Manager - Leon Arziano

2. TELEPHONE NUMBER

502/422-2101

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

## I. SITE DESCRIPTION

Shrine Pit

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

S &amp; A Land chemicals in Ohio River and wells

K. DATE IDENTIFIED

(mo., day, &amp; yr.)

1/5/79

L. PRINCIPAL STATE CONTACT

1. NAME

2. TELEPHONE NUMBER

## II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

☒ 1. NO ACTION NEEDED (no hazard)☐ 2. IMMEDIATE SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:☐ 3. SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME

Paul Amato

2. TELEPHONE NUMBER

404/881-3616

3. DATE (mo., day, &amp; yr.)

2/15/80

## III. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intermittently.)☒ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

Unknown

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO☐ 2. YES (specify):

Unknown

# IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and conditions relating to each activity by marking 'X' in appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP
4. TRUCK	4. TANK ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIGHTY DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

*Oil used to collect bis-ether in an open pit and periodically burn it*

## V. WASTE RELATED INFORMATION

### A. WASTE TYPE

☐ 1 UNKNOWN ☒ 2 LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

### B. WASTE CHARACTERISTICS

☐ 1 UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4 RADIOACTIVE ☐ 5 HIGHLY VOLATILE  
☒ 6 TOXIC ☐ 7 REACTIVE ☐ 8 INERT ☐ 9 FLAMMABLE

☐ 10. OTHER (specify):

### C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

*Yes*

2. Estimate the amount (specify unit of measure) of waste by category: mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			<input checked="" type="checkbox"/> (11) OTHER (specify):		
			<i>Bis-Eth</i>		



## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				



# VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1 NPDES PERMIT    ☐ 2 SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4 AIR PERMITS    ☐ 5 LOCAL PERMIT    ☐ 6 RCRA TRANSPORTER  
☐ 7 RCRA STORER    ☐ 8 RCRA TREATER    ☐ 9 RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2 NO    ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): \_\_\_\_\_

# VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

# IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

# X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

Continued From Front

## III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)

a. TYPE OF LAB ANALYSIS				
(1)				
(2)				
e. OTHER (specify)				
(1)				
(2)				

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front &amp; above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

## D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

## IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site &amp; Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site &amp; Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

## C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		





POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

SITE NUMBER (to be assigned by HQ)

IV

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME <i>Ohio Corporation</i>		B. STREET (or other identifier)	
C. CITY <i>Brandenburg</i>	D. STATE	E. ZIP CODE	F. COUNTY NAME
G. OWNER/OPERATOR (if known) 1. NAME <i>Plant Manager - Leon Anziano</i>		2. TELEPHONE NUMBER <i>502/422-2101</i>	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

## I. SITE DESCRIPTION

I. SITE DESCRIPTION <i>Shrubby Pit</i>		
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <i>S &amp; A found chemicals in Ohio River and wells</i>	K. DATE IDENTIFIED (mo., day, & yr.) <i>1/5/79</i>	
L. PRINCIPAL STATE CONTACT 1. NAME		2. TELEPHONE NUMBER

## II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

## C. PREPARER INFORMATION

1. NAME <i>Paul Amato</i>	2. TELEPHONE NUMBER <i>404/881-3016</i>	3. DATE (mo., day, & yr.) <i>2/15/80</i>
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## III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) <i>Unknown</i>	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg., min., sec.) 2. LONGITUDE (deg., min., sec.)
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify): <i>Unknown</i>	



#### IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X A. TRANSPORTER	X B. STORER	X C. TREATER	X D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	X 3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

#### E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

*Oil used to collect b.s.-ether in an open pit and periodically burn it*

#### V. WASTE RELATED INFORMATION

##### A. WASTE TYPE

☐ 1 UNKNOWN ☒ 2 LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

##### B. WASTE CHARACTERISTICS

☐ 1 UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4 RADIOACTIVE ☐ 5 HIGHLY VOLATILE  
☒ 6 TOXIC ☐ 7 REACTIVE ☐ 8 INERT ☐ 9 FLAMMABLE

☐ 10. OTHER (specify):

##### C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

*Yes*

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			X (11) OTHER (specify):		
			<i>B.s.-Ether</i>		



## POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

SITE NAME

Olin Corporation

CITY

Bradenburg

STATE

Kentucky

ZIP CODE

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

Olin contaminated

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM				
2. PRELIMINARY ASSESSMENT	2/15/80	EPA	Paul Amato	
APPEARANT SERIOUSNESS OF PROBLEM:	<input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW <input checked="" type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN			
3. SITE INSPECTION				
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)				
<input type="checkbox"/> a. NO ACTION NEEDED				
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED				
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED				
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED				
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)	2/15/80	EPA	Paul Amato	
<input checked="" type="checkbox"/> a. NO ACTION NEEDED				
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED				
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE				
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED				
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED				
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED				
6. STRATEGY COMPLETED	2/15/80	EPA	Paul Amato	





POTENTIAL HAZARDOUS WASTE SITE  
TENTATIVE DISPOSITION

REGION SITE NUMBER

IV

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <i>Olin Corporation</i>	B. STREET	
C. CITY <i>Paducah</i>	D. STATE <i>Kentucky</i>	E. ZIP CODE

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED - NO HAZARD	X	X			
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)					
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR DISPOSITION

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION  
(mo., day, & yr.)

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED  
(mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
---------	---------------------	---------------------------

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo., day, & yr.)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____
b. TYPE OF MONITORING				
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
c. TYPE OF SAMPLING				
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____





POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

IV

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME

Messerschlager Dump

B. STREET

C. CITY

Utica

D. STATE

Kentucky

E. ZIP CODE

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION

MARK 'X'

ACTION AGENCY

EPA

STATE

LOCAL

PRIVATE

A. NO ACTION NEEDED

X

X

B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE  
(If yes, complete Section III.)

C. REMEDIAL ACTION (If yes, complete Section IV.)

D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

Although suspected of polluting Steep Creek, test results showed that no pollutants were found. No evidence of contamination from site.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME

Paul Amato

2. TELEPHONE NUMBER

404/881-3016

3. DATE (mo., day, & yr.)

2/15/80

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	

## IV. REMEDIAL ACTIONS

**A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site):** List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

**B. LONG TERM STRATEGY (On Site and Off-Site):** List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

## C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$





POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) Hwy. 933	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION 40 acre landfill on plant property used for the disposal of sewage sludge.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):		
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)	
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):		



## III. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and   ils relating to each activity by marking 'X' in appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Landfill receives sludge from an activated sludge treatment plant.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN    ☐ 2. LIQUID    ☐ 3. SOLID    ☒ 4. SLUDGE    ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4. RADIOACTIVE    ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC    ☐ 7. REACTIVE    ☐ 8. INERT    ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT 375

REGION SITE NUMBER (to be assigned by HQ)  
8

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION open burning pit			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):		(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):			
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)		
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):			



#### IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and its relating to each activity by marking 'X' in the appropriate boxes.

X <input checked="" type="checkbox"/> A. TRANSPORTER	X <input checked="" type="checkbox"/> B. STORER	X <input checked="" type="checkbox"/> C. TREATER	X <input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	XX 3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

#### E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED:

Site apparently no longer in use. This was located where there is presently a flare stack.

#### V. WASTE RELATED INFORMATION

##### A. WASTE TYPE

☒ 1. UNKNOWN    ☐ 2. LIQUID    ☐ 3. SOLID    ☐ 4. SLUDGE    ☐ 5. GAS

##### B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4. RADIOACTIVE    ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC    ☐ 7. REACTIVE    ☐ 8. INERT    ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

##### C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(2) PCTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		



## V SITE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS ☐ BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify): Landfill Permit #082.06  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☒ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): Ky. Solid Waste Regulations

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspections		state	

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.





POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

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I. SITE IDENTIFICATION

A. SITE NAME Olin Corp. Landfill		B. STREET (or other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Landfill used for the disposal of excess biological sludge produced from activated sludge sewage treatment facility.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) (Problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	



# IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and its relating to each activity by marking 'X' in appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL				
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM				
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP				
<input type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT				
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIDNIGHT DUMPING				
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION				
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION				
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):				
		<input type="checkbox"/> 9. OTHER (specify):					

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Before closing the site received biological sludge from an activated sludge treatment plant. SITE NOW CLOSED.

# V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (3) POTW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (2) MILLING/ MINE TAILINGS	<input type="checkbox"/> (2) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
			<input type="checkbox"/> (6) CYANIDE	<input type="checkbox"/> (6) OTHER (specify):	
			<input type="checkbox"/> (7) PHENOLS		
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (specify):		

## V WASTE RELATED INFORMATION (continued)

LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS ☒ BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify): Landfill Permit #082.07  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☒ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): Ky. Solid Waste Regulations

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspection			

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.





POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) Hwy, 933	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION 21 acre landfill located on plant property used for the disposal of sewage sludge			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME Donald R. Curry		2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80
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III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and its relating to each activity by marking 'X' in appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MOUNTAIN DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED:

Landfill receives sewage sludge from an activated sludge sewage treatment plant.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN    ☐ 2. LIQUID    ☐ 3. SOLID    ☒ 4. SLUDGE    ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4. RADIOACTIVE    ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC    ☐ 7. REACTIVE    ☐ 8. INERT    ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(2) PCTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		



**V. SITE RELATED INFORMATION (continued)**

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

**VI. HAZARD DESCRIPTION**

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				



## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS      BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER \_\_\_\_\_  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER \_\_\_\_\_  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION coal fired boiler house			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):		
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)	
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):		



# IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and ( )s relating to each activity by marking 'X' in appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL				
<input checked="" type="checkbox"/> 2. SHIP	<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input checked="" type="checkbox"/> 2. INCINERATION	<input checked="" type="checkbox"/> 2. LANDFARM				
<input checked="" type="checkbox"/> 3. BARGE	<input checked="" type="checkbox"/> 3. DRUMS	<input checked="" type="checkbox"/> 3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP				
<input checked="" type="checkbox"/> 4. TRUCK	<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND	<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT				
<input checked="" type="checkbox"/> 5. PIPELINE	<input checked="" type="checkbox"/> 5. TANK, BELOW GROUND	<input checked="" type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input checked="" type="checkbox"/> 5. MIDDNIGHT DUMPING				
<input checked="" type="checkbox"/> 6. OTHER (specify):	<input checked="" type="checkbox"/> 6. OTHER (specify):	<input checked="" type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/> 6. INCINERATION				
		<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING	<input checked="" type="checkbox"/> 7. UNDERGROUND INJECTION				
		<input checked="" type="checkbox"/> 8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (specify):				
		<input checked="" type="checkbox"/> 9. OTHER (specify):					

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

According to Mr. Don Frenvil, Engineer for Olin Chem., there was at one time a stockpile of reject coal type material adjacent to this building which could have contained some metals. This material is now disposed of at one of the permitted landfills owned by Olin Chemical Corp.

# V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGNTD. SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (3) PCTW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
			<input type="checkbox"/> (6) CYANIDE	<input type="checkbox"/> (6) OTHER (specify):	
			<input type="checkbox"/> (7) PHENOLS		
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (specify):		



## WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify): Landfill Permit #082.08  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☒ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): Ky. Solid Waste Regulations

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspections			

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1 NPDES PERMIT    ☐ 2 SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4 AIR PERMITS    ☐ 5 LOCAL PERMIT    ☐ 6 RCRA TRANSPORTER  
☐ 7 RCRA STORER    ☐ 8 RCRA TREATER    ☐ 9 RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2 NO    ☒ 3 UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

# VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS USED BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): \_\_\_\_\_

# VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

# IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

# X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

# VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION IV SITE NUMBER (to be assigned by EPA)  
KY 90-007246  
21 KYD 006 309 24

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Corp. Landfill (082.06)		B. STREET (or other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Landfill used for the disposal of excess biological sludge produced from activated sludge sewage treatment facility. 1390			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR _____ b. WILL BE PERFORMED BY _____ <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR _____ b. WILL BE PERFORMED BY _____ <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify: _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): _____		
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)	
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify): _____		



# IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM / PHYS. TREATMENT	5. MOUNTAIN DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Before closing the site received biological sludge from an activated sludge treatment plant. SITE NOW CLOSED.

# V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (3) PCTN		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMELTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMELTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
			<input type="checkbox"/> (6) CYANIDE	<input type="checkbox"/> (6) OTHER (specify):	
			<input type="checkbox"/> (7) PHENOLS		
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (specify):		



V. SITE RELATED INFORMATION (continued)

3. LIST DISTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify) Landfill Permit #082.06  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☒ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): Ky. Solid Waste Regulations

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspections		state	

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste File and submit a copy to: U.S. Environmental Protection Agency, Washington, D.C. 20460

KYD006396246 MEADE  
OLIN CORP/DUE RUN PLANT  
OFF RTE 933  
BRANDENBURG  
BROWN, J.E., MGR ENV TECH

KY 40108  
6153362

KYD006396246 MEADE  
OLIN CORP/DUE RUN PLANT/OLD BURNING P  
OFF RTE 933  
BRANDENBURG  
BROWN, J.R., MGR ENV TECH KY 40108  
6153362251

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☐ 5. PRIVATE ☐ 6. UNKNOWN

"103-C IDENTIFICATION" DATE: 810609  
CARL SCHROEDER  
PHONE: 502-564-6710

K. DATE IDENTIFIED  
(mo., day, & yr.)

2. TELEPHONE NUMBER

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

☐ 2. IMMEDIATE SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:

☐ 3. SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME

2. TELEPHONE NUMBER

3. DATE (mo., day, & yr.)

III. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO

☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☐ 2. YES (specify):



## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDDLE GROUND DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1 UNKNOWN    ☐ 2 LIQUID    ☐ 3 SOLID    ☐ 4 SLUDGE    ☐ 5 GAS

## B. WASTE CHARACTERISTICS

☐ 1 UNKNOWN    ☐ 2 CORROSIVE    ☐ 3 IGNITABLE    ☐ 4 RADIOACTIVE    ☐ 5 HIGHLY VOLATILE  
☐ 6 TOXIC    ☐ 7 REACTIVE    ☐ 8 INERT    ☐ 9 FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc., below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINING TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS/ SEMI-TOX. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS/ SEMI-TOX. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER \_\_\_\_\_  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER \_\_\_\_\_  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.





POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)  
3

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) Hwy, 933	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION 21 acre landfill located on plant property used for the disposal of sewage sludge			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

# IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MOUND DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED:

Landfill receives sewage sludge from an activated sludge sewage treatment plant.

# V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> 1. PAINT, PIGMENTS	<input checked="" type="checkbox"/> 1. OILY WASTES	<input checked="" type="checkbox"/> 1. HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> 1. ACIDS	<input checked="" type="checkbox"/> 1. FLYASH	<input checked="" type="checkbox"/> 1. LABORATORY PHARMACEUT.
<input type="checkbox"/> 2. METALS SLUDGES	<input type="checkbox"/> 2. OTHER (specify):	<input type="checkbox"/> 2. NON-HALOGENATED SOLVENTS	<input type="checkbox"/> 2. PICKLING LIQUORS	<input type="checkbox"/> 2. ASBESTOS	<input type="checkbox"/> 2. HOSPITAL
<input type="checkbox"/> 3. POTW		<input type="checkbox"/> 3. OTHER (specify):	<input type="checkbox"/> 3. CAUSTICS	<input type="checkbox"/> 3. MILLING/MINE TAILINGS	<input type="checkbox"/> 3. RADIOACTIVE
<input type="checkbox"/> 4. ALUMINUM SLUDGE			<input type="checkbox"/> 4. PESTICIDES	<input type="checkbox"/> 4. FERROUS SMELTING WASTES	<input type="checkbox"/> 4. MUNICIPAL
<input type="checkbox"/> 5. OTHER (specify):			<input type="checkbox"/> 5. DYES/INKS	<input type="checkbox"/> 5. NON-FERROUS SMELTING WASTES	<input type="checkbox"/> 5. OTHER (specify):
			<input type="checkbox"/> 6. CYANIDE	<input type="checkbox"/> 6. OTHER (specify):	
			<input type="checkbox"/> 7. PHENOLS		
			<input type="checkbox"/> 8. HALOGENS		
			<input type="checkbox"/> 9. PCB		
			<input type="checkbox"/> 10. METALS		
			<input type="checkbox"/> 11. OTHER (specify):		



## V. SITE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				



## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD AT THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify) Landfill Permit #082.07  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☒ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): Ky. Solid Waste Regulations

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspection			

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (for other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION coal fired boiler house			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80
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III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) (Problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	



# IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and detail relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MOUND DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

According to Mr. Don Frenvil, Engineer for Olin Chem., there was at one time a stockpile of reject coal type material adjacent to this building which could have contained some metals. This material is now disposed of at one of the permitted landfills owned by Olin Chemical Corp.

# V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (3) PCW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
			<input type="checkbox"/> (6) CYANIDE	<input type="checkbox"/> (6) OTHER (specify):	
			<input type="checkbox"/> (7) PHENOLS		
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (specify):		



## V. SITE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

# VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD AT THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

E. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): \_\_\_\_\_

# VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below): \_\_\_\_\_

# IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

# X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) Hwy. 933	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION East Landfill 40 acre landfill on plant property used for the disposal of sewage sludge.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report		K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80	
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80
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III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	



## IV CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Landfill receives sludge from an activated sludge treatment plant.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1 UNKNOWN    ☐ 2 LIQUID    ☐ 3. SOLID    ☒ 4. SLUDGE    ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4 RADIOACTIVE    ☐ 5 HIGHLY VOLATILE  
☐ 6 TOXIC    ☐ 7 REACTIVE    ☐ 8 INERT    ☐ 9 FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) PCTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify): Landfill Permit #082.08  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☒ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): Ky. Solid Waste Regulations

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspections			

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.





POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other Identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (If known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Incinerator			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):		
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):		
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)	
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):		

# IV CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and describe each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL		<input type="checkbox"/> 1. PILE		<input type="checkbox"/> 1. FILTRATION		<input type="checkbox"/> 1. LANDFILL	
<input type="checkbox"/> 2. SHIP		<input type="checkbox"/> 2. SURFACE IMPOUNDMENT		<input type="checkbox"/> 2. INCINERATION		<input type="checkbox"/> 2. LANDFARM	
<input type="checkbox"/> 3. BARGE		<input type="checkbox"/> 3. DRUMS		<input type="checkbox"/> 3. VOLUME REDUCTION		<input type="checkbox"/> 3. OPEN DUMP	
<input type="checkbox"/> 4. TRUCK		<input type="checkbox"/> 4. TANK, ABOVE GROUND		<input type="checkbox"/> 4. RECYCLING/RECOVERY		<input type="checkbox"/> 4. SURFACE IMPOUNDMENT	
<input type="checkbox"/> 5. PIPELINE		<input type="checkbox"/> 5. TANK, BELOW GROUND		<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT		<input type="checkbox"/> 5. MIDNIGHT DUMPING	
<input type="checkbox"/> 6. OTHER (specify):		<input type="checkbox"/> 6. OTHER (specify):		<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/> 6. INCINERATION	
				<input type="checkbox"/> 7. WASTE OIL REPROCESSING		<input type="checkbox"/> 7. UNDERGROUND INJECTION	
				<input type="checkbox"/> 8. SOLVENT RECOVERY		<input type="checkbox"/> 8. OTHER (specify):	
				<input type="checkbox"/> 9. OTHER (specify):			

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Incinerator used to incinerate decipe - a chemical waste from plant operation.

# V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS		<input checked="" type="checkbox"/> (1) OILY WASTES		<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS		<input checked="" type="checkbox"/> (1) ACIDS		<input checked="" type="checkbox"/> (1) FLYASH		<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.	
<input type="checkbox"/> (2) METALS SLUDGES		<input type="checkbox"/> (2) OTHER (specify):		<input type="checkbox"/> (2) NON-HALOGNTD. SOLVENTS		<input type="checkbox"/> (2) PICKLING LIQUORS		<input type="checkbox"/> (2) ASBESTOS		<input type="checkbox"/> (2) HOSPITAL	
<input type="checkbox"/> (3) POTW				<input type="checkbox"/> (3) OTHER (specify):		<input type="checkbox"/> (3) CAUSTICS		<input type="checkbox"/> (3) MILLING/ MINE TAILINGS		<input type="checkbox"/> (3) RADIOACTIVE	
<input type="checkbox"/> (4) ALUMINUM SLUDGE						<input type="checkbox"/> (4) PESTICIDES		<input type="checkbox"/> (4) FERROUS SMLTG. WASTES		<input type="checkbox"/> (4) MUNICIPAL	
<input type="checkbox"/> (5) OTHER (specify):						<input type="checkbox"/> (5) DYES/INKS		<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES		<input type="checkbox"/> (5) OTHER (specify):	
						<input type="checkbox"/> (6) CYANIDE		<input type="checkbox"/> (6) OTHER (specify):			
						<input type="checkbox"/> (7) PHENOLS					
						<input type="checkbox"/> (8) HALOGENS					
						<input type="checkbox"/> (9) PCB					
						<input type="checkbox"/> (10) METALS					
						<input type="checkbox"/> (11) OTHER (specify):					



## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				



## VII. PERMIT INFORMATION

## A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

## B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)  
7

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp. (082.02)		B. STREET (or other identifier) Hwy. 933 - P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION landfill used for the disposal of fly ash from pulverized coal boilers, lime grits, spent activated clay and waste paper.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):		
C. AREA OF SITE (in acres) (problem) 7 acres	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)	
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):		



# IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and detail relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Landfill receives fly ash from pulverized coal boilers, lime grits, spent activated clay and waste paper.

# V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1 UNKNOWN ☐ 2 LIQUID ☒ 3 SOLID ☒ 4 SLUDGE ☐ 5 GAS

## B. WASTE CHARACTERISTICS

☐ 1 UNKNOWN ☐ 2 CORROSIVE ☐ 3 IGNITABLE ☐ 4 RADIOACTIVE ☐ 5 HIGHLY VOLATILE  
☐ 6 TOXIC ☐ 7 REACTIVE ☐ 8 INERT ☐ 9 FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
(1) PAINT, PIGMENTS	(1) OILY WASTES	(1) HALOGENATED SOLVENTS	(1) ACIDS	(1) FLYASH	(1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		



## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

## A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify) Landfill Permit #082.02  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

## B. IN COMPLIANCE?

- ☒ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number) Ky. Solid Waste Regulations

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
monthly inspections			

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.





POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION open burning pit			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 2-25-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-25-80

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):		(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):			
C. AREA OF SITE (in acres) (problem):	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)		
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):			

# IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED:

Site apparently no longer in use. This was located where there is presently a flare stack.

# V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (3) PCTW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
			<input type="checkbox"/> (6) CYANIDE	<input type="checkbox"/> (6) OTHER (specify):	
			<input type="checkbox"/> (7) PHENOLS		
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (specify):		



# V. SITE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

C. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.





POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

This site adjacent to presently permitted site #082.02 West Condell

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) ECKHARDT REPORT	K. DATE IDENTIFIED (mo., day, & yr.) 2-29-80
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L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight	2. TELEPHONE NUMBER 502-564-6716
---	-------------------------------------

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-29-80
---	-------------------------------------	--------------------------------------

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):		3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):		
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)	
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):		

# IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and detail relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
2. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Planning to drill to determine what wastes are in the fill.  
Debris from explosion in 1963 plus waste from operation.

# V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) PCW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		



**V. V SITE RELATED INFORMATION (continued)**

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

**VI. HAZARD DESCRIPTION**

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODDORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				



## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD AT THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☒ 3. UNKNOWN

C. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)  
10

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Olin Chemical Corp.		B. STREET (or other identifier) P. O. Box 547	
C. CITY Brandenburg	D. STATE KY	E. ZIP CODE 40108	F. COUNTY NAME Meade
G. OWNER/OPERATOR (if known) 1. NAME Olin Chemical Corp.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Landfill located under the west portion of new landfill site currently permitted under #082.08.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) ECKHARDT REPORT			K. DATE IDENTIFIED (mo., day, & yr.) 2-29-80
L. PRINCIPAL STATE CONTACT 1. NAME Mrs. Caroline Patrick Haight		2. TELEPHONE NUMBER 502-564-6716	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Donald R. Curry	2. TELEPHONE NUMBER 502-384-4734	3. DATE (mo., day, & yr.) 2-29-80

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):		(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):			
C. AREA OF SITE (in acres) (problem)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)		
E. ARE THERE BUILDINGS ON THE SITE? (if in problem area) <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):			



# IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL				
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM				
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP				
<input type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT				
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIDDLEMOUNT DUMPING				
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION				
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION				
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):				
		<input type="checkbox"/> 9. OTHER (specify):					

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED:

Disposed of boiler ash, lime grits and paper

## V. WASTE RELATED INFORMATION

### A. WASTE TYPE

☐ 1 UNKNOWN ☐ 2 LIQUID ☒ 3 SOLID ☐ 4 SLUDGE ☐ 5 GAS

### B. WASTE CHARACTERISTICS

☒ 1 UNKNOWN ☐ 2 CORROSIVE ☐ 3 IGNITABLE ☐ 4 RADIOACTIVE ☐ 5 HIGHLY VOLATILE  
☐ 6 TOXIC ☐ 7 REACTIVE ☐ 8 INERT ☐ 9 FLAMMABLE

☐ 10. OTHER (specify):

### C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (3) PCTW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
			<input checked="" type="checkbox"/> (6) CYANIDE	<input checked="" type="checkbox"/> (6) OTHER (specify):	
			<input type="checkbox"/> (7) PHENOLS	lime grits & paper	
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (specify):		



# V. SITE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODDORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify) \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
TENTATIVE DISPOSITION

REGION SITE NUMBER

IV

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <i>Olin Corporation</i>	B. STREET	
C. CITY <i>Bradensburg</i>	D. STATE <i>Kentucky</i>	E. ZIP CODE

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD	X	X			
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)					
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION NEEDED, if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					
E. RATIONALE FOR DISPOSITION					

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION  
(mo., day, & yr.)

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED  
(mo., day, & yr.)

H. PREPARED INFORMATION

1. NAME <i>L. Shane Kitchcock</i>	2. TELEPHONE NUMBER <i>404/881-2234</i>	3. DATE (mo., day, & yr.) <i>2/15/80</i>
--------------------------------------	--	---

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo, day, & yr)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				



**III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)**

<b>d. TYPE OF LAB ANALYSIS</b>					
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
<b>e. OTHER (specify)</b>					
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____

**C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.**

**D. ESTIMATED MANHOURS BY ACTION AGENCY**

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

**IV. REMEDIAL ACTIONS**

**A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site):** List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

**B. LONG TERM STRATEGY (On Site & Off-Site):** List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

**C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY**

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		



POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

14

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <i>Olin Corporation</i>	B. STREET	
C. CITY <i>Bradenburg</i>	D. STATE <i>Kentucky</i>	E. ZIP CODE

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X	X			
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

Olin did contaminate some wells but the water is used in the process that produces bis-ether so "contamination" of make up water not a problem. Olin paid for new PWS-well field (tapped different aquifer). Interim period-used carbon filter on wells. Possible sampling of the aquifer and wells needed.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)	G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)
--	--

H. PREPARER INFORMATION

1. NAME <i>Paul Amis</i>	2. TELEPHONE NUMBER <i>404/581-3016</i>	3. DATE (mo., day, & yr.) <i>2/15/80</i>
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III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	



## IV. REMEDIAL ACTIONS

**A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site):** List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

**B. LONG TERM STRATEGY (On Site and Off-Site):** List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

## C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$





POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

14

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME

Olin Corporation

B. STREET

C. CITY

Badenbury

D. STATE

Kentucky

E. ZIP CODE

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION

ACTION AGENCY

MARK 'X'

EPA

STATE

LOCAL

PRIVATE

A. NO ACTION NEEDED

X

X

B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE  
(If yes, complete Section III.)

C. REMEDIAL ACTION (If yes, complete Section IV.)

D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

Olin did contaminate some wells but the water is used in the process that produces bio-ether so "contamination" of make up water not a problem. Olin paid for new PWS-well field (tapped different aquifers). Interim period-used carbon filter on wells. Possible sampling of the aquifers and wells needed.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME

Paul Amato

2. TELEPHONE NUMBER

404/581-3016

3. DATE (mo., day, & yr.)

2/15/80

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION

B. ESTIMATED COST

C. REMARKS

\$

\$

\$

\$

\$

\$

\$

\$

D. TOTAL ESTIMATED COST

\$

## IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS (*On Site and Off-Site*): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (*On Site and Off-Site*): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

## C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$





# Notification of Hazardous Waste Site

United States  
Environmental Protection  
Agency  
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

KYS 000001 034

## A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Olin Corporation  
Street 120 Long Ridge Road  
City Stamford State CT Zip Code 06904

## B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Doe Run Plant - Old Burning Pit  
Street Off Rt 933  
City Brandenburg County Meade State KY Zip Code 40108

## C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Brown, J.C., Mgr. Environmental Technology  
Phone 615/336-2251 Ext. 3308

## D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1952 To (Year) 1974

## E Waste Type: Choose the option you prefer to complete

**Option 1:** Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

### General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☐ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☐ Other (Specify)

### Source of Waste:

Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☐ Other (Specify)

**Option 2:** This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

### Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site located.

U027
U083
U025

ENVIRONMENTAL  
DIVISION


RECEIVED  
EPA/REGION IV  
JUN 9 3 22 PM '81


000562

## Notification of Hazardous Waste Site

## Side Two

## F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

\* Virtually all of wastes consumed by burning.

## Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☒ Other (Specify) Pit in ground used to burn wastes

## Total Facility Waste Amount

cubic feet

gallons 3,700,000\*

## Total Facility Area

square feet

acres 1/4

## G Known, Suspected or Likely Releases to the Environment:

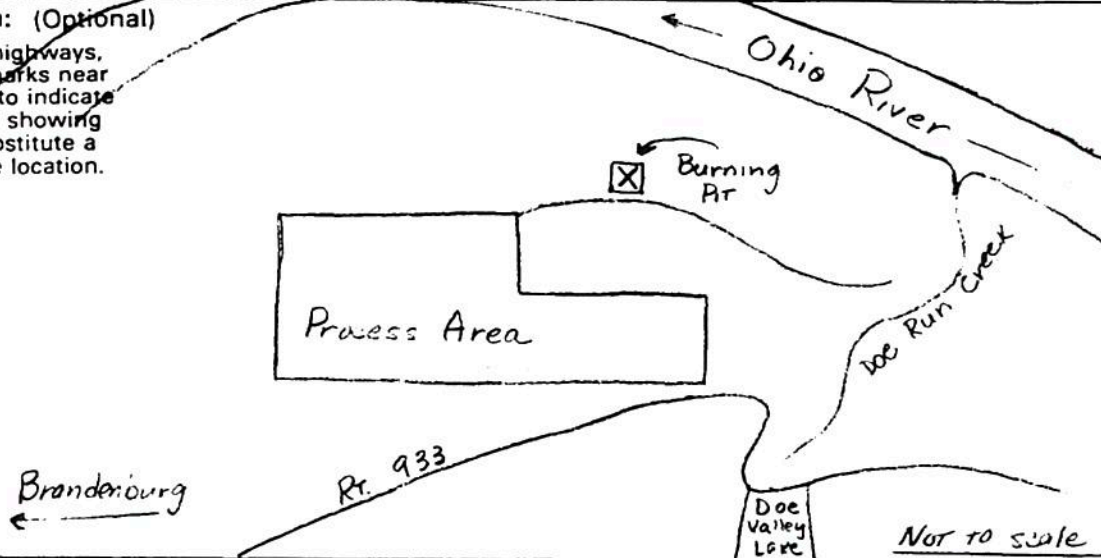
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☒ Known ☐ Suspected ☐ Likely ☐ Non

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

## H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.



## I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Earthen pit used to contain flammable waste organics while being burned. Operation discontinued in 1974.

## J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Verrill M. Norwood, Jr.

Name Director, Environmental AffairsStreet P.O. Box 248City Charleston State TN Zip Code 37310Signature Verrill M. Norwood, Jr. Date 5/29/81

- ☒ Owner, Present  
☐ Owner, Past  
☐ Transporter  
☐ Operator, Present  
☒ Operator, Past  
☐ Other





Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

KYS 000 001 033

Zip Code **06904**

KYD 006396246

**Phone 615/336-2251 Ext. 3308**

From (Year)	1970	To (Year)	Closed in 1980
1970	1970	1970	1970
1971	1971	1971	1971
1972	1972	1972	1972
1973	1973	1973	1973
1974	1974	1974	1974
1975	1975	1975	1975
1976	1976	1976	1976
1977	1977	1977	1977
1978	1978	1978	1978
1979	1979	1979	1979
1980	1980	1980	1980
1981	1981	1981	1981
1982	1982	1982	1982
1983	1983	1983	1983
1984	1984	1984	1984
1985	1985	1985	1985
1986	1986	1986	1986
1987	1987	1987	1987
1988	1988	1988	1988
1989	1989	1989	1989
1990	1990	1990	1990
1991	1991	1991	1991
1992	1992	1992	1992
1993	1993	1993	1993
1994	1994	1994	1994
1995	1995	1995	1995
1996	1996	1996	1996
1997	1997	1997	1997
1998	1998	1998	1998
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2004	2004	2004	2004
2005	2005	2005	2005
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2007	2007	2007	2007
2008	2008	2008	2008
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2013	2013	2013	2013
2014	2014	2014	2014
2015	2015	2015	2015
2016	2016	2016	2016
2017	2017	2017	2017
2018	2018	2018	2018
2019	2019	2019	2019
2020	2020	2020	2020
2021	2021	2021	2021
2022	2022	2022	2022
2023	2023	2023	2023
2024	2024	2024	2024
2025	2025	2025	2025
2026	2026	2026	2026
2027	2027	2027	2027
2028	2028	2028	2028
2029	2029	2029	2029
2030	2030	2030	2030
2031	2031	2031	2031
2032	2032	2032	2032
2033	2033	2033	2033
2034	2034	2034	2034
2035	2035	2035	2035
2036	2036	2036	2036
2037	2037	2037	2037
2038	2038	2038	2038
2039	2039	2039	2039
2040	2040	2040	2040
2041	2041	2041	2041
2042	2042	2042	2042
2043	2043	2043	2043
2044	2044	2044	2044
2045	2045	2045	2045
2046	2046	2046	2046
2047	2047	2047	2047
2048	2048	2048	2048
2049	2049	2049	2049
2050	2050	2050	2050
2051	2051	2051	2051
2052	2052	2052	2052
2053	2053	2053	2053
2054	2054	2054	2054
2055	2055	2055	205

## 00591

## Notification of Hazardous Waste Site

## Side Two

**F Waste Quantity:**

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

**Facility Type**

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) \_\_\_\_\_

**Total Facility Waste Amount**

**Tons**  
~~cubic feet~~ 100

gallons \_\_\_\_\_

**Total Facility Area**

square feet \_\_\_\_\_

acres 8

**G Known, Suspected or Likely Releases to the Environment:**

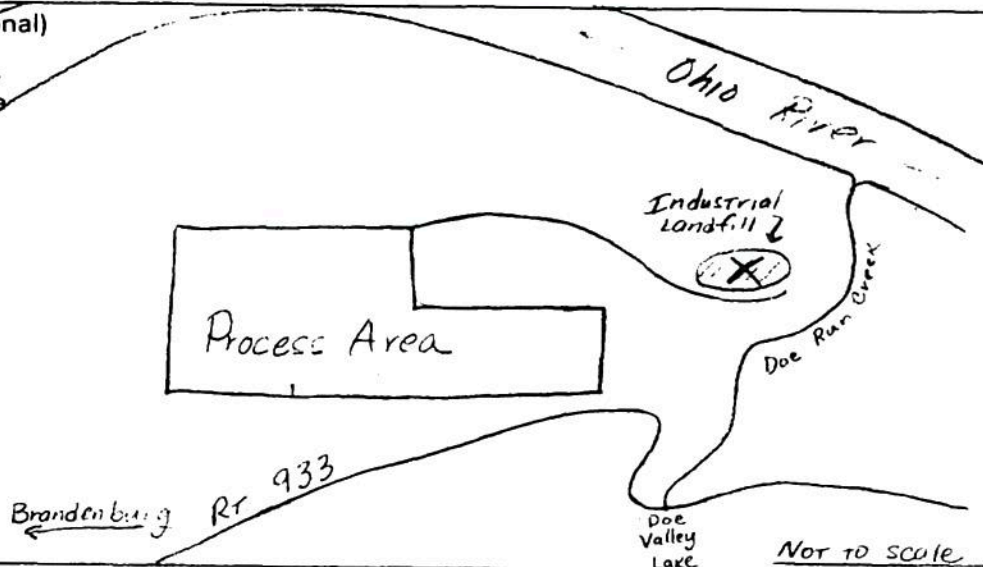
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ Not

**Note:** Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

**H Sketch Map of Site Location: (Optional)**

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

**I Description of Site: (Optional)**

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

This site was used until 1980 as a general waste disposal area (total 158,000 tons of general waste). There were approximately 100 tons of dinitrotoluene and toluene diamine wastes disposed of at the site.

**\* Dinitrotoluene and toluene diamine wastes****J Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

**Verrill M. Norwood, Jr.**

Name **Director, Environmental Affairs**

Street **P.O. Box 248**

City **Charleston** State **TN** Zip Code **37310**

Signature *Verrill M. Norwood Jr.* Date *5/29/81*

- ☒ Owner, Present  
☐ Owner, Past  
☐ Transporter  
☐ Operator, Present  
☒ Operator, Past  
☐ Other





## Notification of Hazardous Waste Site

United States  
Environmental Protection  
Agency  
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

KY 000001035

**A Person Required to Notify:**

Enter the name and address of the person or organization required to notify.

Name Olin Corporation  
Street 120 Long Ridge Road  
City Stamford State CT Zip Code 06904

**B Site Location:**

Enter the common name (if known) and actual location of the site.

Name of Site Doe Run Plant - Old East Landfill  
Street Off Rt 933  
City Brandenburg County Meade State KY Zip Code 40108

**C Person to Contact:**

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Brown, J.C., Mgr. Environmental Technology  
Phone 615/336-2251 Ext. 3308

**D Dates of Waste Handling:**

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1951 To (Year) 1969

**E Waste Type: Choose the option you prefer to complete**

**Option 1:** Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

**General Type of Waste:**

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☐ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☐ Other (Specify)

**Source of Waste:**

Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☐ Other (Specify)

**Option 2:** This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

**Specific Type of Waste:**

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

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U027



RECEIVED  
EPA/REGION IV  
JUN 9 5 22 PM '81  
ENFORCEMENT  
DIVISION  
000563

**F Waste Quantity:**

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

\* Only a very small quantity of hazardous wastes involved.

**Facility Type**

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) \_\_\_\_\_

**Total Facility Waste Amount**

cubic feet Extremely small quantity

gallons \_\_\_\_\_

**Total Facility Area**

square feet \_\_\_\_\_

acres 3

**G Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

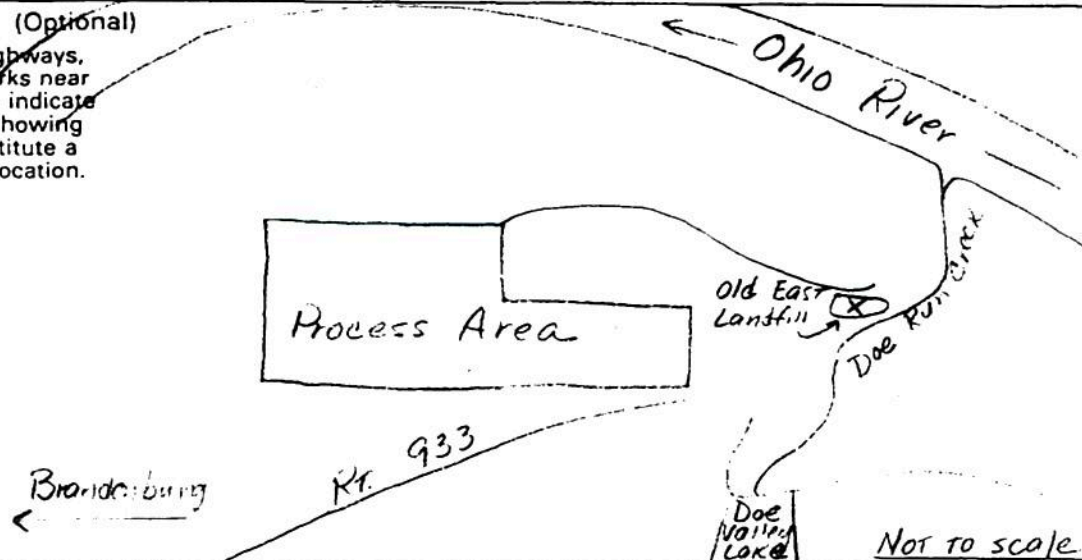
☒ Known ☐ Suspected ☐ Likely ☐ Non

Contained within plant boundary by well pumping system.

**Note:** Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

**H Sketch Map of Site Location: (Optional)**

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

**I Description of Site: (Optional)**

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

This site was used as a general waste disposal area from 1951 until 1969. Of the 150,000 tons of wastes only an extremely small portion of the wastes\* are considered hazardous using RCRA Section 3001 criteria.

An unknown but small number of drums of mixed propylene dichloride and bis chloroisopropyl ether.

**J Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name Verrill M. Norwood, Jr.  
Director, Environmental Affairs

Street P.O. Box 248

City Charleston State TN Zip Code 37310

Signature Verrill M. Norwood, Jr. Date 5/29/81

- ☒ Owner, Present  
☐ Owner, Past  
☐ Transporter  
☐ Operator, Present  
☒ Operator, Past  
☐ Other